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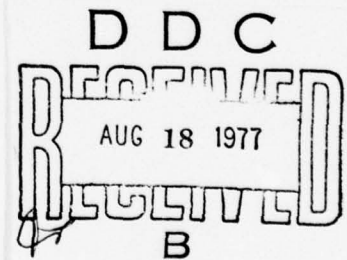
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PATIENT
ADMINISTRATION
(PAD)

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PROCESS
CONDITION - ACTION DIAGRAM
FLOWCHARTS

US Army TRIMIS Agency
WALTER REED ARMY MEDICAL CENTER
Washington, D. C. 20012



October 1976

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All DOD Medical Treatment Facilities share the common mission of providing quality health care for active duty military personnel, their dependents, retirees, and certain other eligible persons. In support of the mission, it has been recognized that, to effectively control and accomplish the required administrative services for the patient and facility, a separate organization be established within the facility to perform such activities. These charts describe the processes involved in accomplishing the specified activities.

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ACKNOWLEDGMENTS

These charts were developed as a joint effort of the TRIMIS-Army Patient Administrative team (PAD) who also did the initial analysis of the then existing Patient Administrative Division of Walter Reed Army Medical Center (WRAMC). The complete system charted herein was jointly reviewed by TRIMIS-Army, WRAMC PAD, and the TRIMIS-Navy and Air Force PAD with technical assistance from a system Engineering and Integration Contractor (SE&I). The principal personnel involved in this effort were: LTC Len Harris, MAJ Lloyd Schlaeppli, Mr. Larry Ruh and Mr. Douglas Clowers. The SE&I was IBM Federal Systems Division.

A special thank you also to COL Max E. Hoyt, Chief WRAMC PAD, without whose assistance and cooperation it would have been impossible to complete the analysis.

PURPOSE

The purpose of the Patient Administrative Division (PAD) condition-action flowcharts is to present in easily understandable graphic form the major patient administration processing involved in a military hospital. The Patient Administration Division provides the patient administration portion of health care support in medical treatment facilities.

BACKGROUND

All DOD Medical Treatment Facilities (MTFs) share the common mission of providing quality health care for active duty military personnel, their dependents, retirees, and certain other eligible persons. In support of the mission, it has been recognized that, to effectively control and accomplish the required administrative services for the patient and facility, a separate organization be established to perform the following activities.

1. Information Activity
2. Patient Registration
3. Patient Medical Record Management
4. Outpatient Medical Record Finalization
5. Inpatient Preadmission/Admission
6. Inpatients Administrative Data Acquisition
7. Inpatient Disposition
8. Inpatient Medical Record Finalization

9. Medical Evaluation Board Management
10. Medical Service Accounts Support
11. Patients Trust Fund Management
12. Casualty Section Support
13. Birth Reporting
14. Line of Duty/Third Party Liability Support
15. Administrative Report Generation and Management

The basic processes of Patient Administration have been determined to be fundamentally similar in Army, Navy, and Air Force MTFs. However, operating procedures and methodologies, and the reporting requirements of MTF's vary not only among services but also among MTFs within a single service, the latter primarily due to size variations and the MTF's particular mission.

LIMITATIONS

The reader must not at this time expect to find a hospital Patient Administration Division in which the clerks follow exactly all the procedures described herein. This is because the PAD System charted here includes more capabilities than, and is a superset of, any known system at the time of this writing. The system presented here is, in fact, a technology-independent description of the full TRIMIS PAD System design. In addition, the internal details of routine processes such as production of reports are not presented here, as the condition-action diagram format is an inappropriate medium for that type of description.

OBJECTIVES

The basic objective of Patient Administration is to provide patient administration service for the hospital and act as custodian of all medical and clinical records of inpatients and outpatients. This includes administratively admitting and discharging patients, and the receipt, review, maintenance, storage, and disposal of medical records. The Patient Administration Division is also responsible for the functions of hospital treasurer; the preparation of medical, statistical, and other reports; and the preparation of claims for medical services obtained by Army military personnel from civilian medical sources.

OVER

Specific PAD philosophies, policies, and objectives are outlined under the following requirements headings:

1. Patient Registration

Involves the collection and validation (update) of a prescribed set of core data requisite to patient care in an inpatient or outpatient environment. It is anticipated that a patient will be initially registered the first time he contacts the medical treatment facility and that registration data and his eligibility for care will be checked for validity each time he encounters the facility. Registration establishes the link to identifying all patient records and many hard copy documents and products. The link is "patient identification" (PTID) which consists of patient's name, patient's date of birth, sponsor's social security number, and patient's family member prefix code.

2. Patient Medical Record Management.

Involves all the processes and procedures necessary for the administrative management of all types of patient medical records.

These medical records are:

- a. Outpatient medical record (including military health record).
- b. Inpatient Chart.
- c. Inpatient Ward Working File.
- d. Clinical Record.
- e. Radiology Image Packets and Sub-Image Packets.
- f. Dental Record.

It is concerned with the activities associated with timely and accurate creation, location, monitoring, and retirement of the paper record.

3. Outpatient Medical Record Finalization.

Is concerned with the monitoring and accomplishment of all activities associated with the "finalization" of all paper and ADP records for all outpatients who have had an encounter at the Medical Treatment Facility. These activities include:

- a. Updating of registration data contained in the Patient Directory to conform to the contents of the encounter form or an annotated registration document.

4. Inpatient Preadmission/Admission

Includes the administrative processes necessary to admit or preadmit an inpatient (including newborn) to the MTF. Admission will normally be accomplished at the Central A&D Office (PASC), however, this process can be accomplished by PAD personnel in a decentralized mode on the ward as necessary. The following procedures may be accomplished or initiated as a part of this process:

- a. Determination of Eligibility for Treatment
- b. Automatic generation of register number which is episode-unique
- c. Activation of the patient's ADP record, if applicable
- d. Production of patient ID products to include: wrist bands, bed cards, Medical Inpatient Treatment Recording Cards (MITRC), room name cards, labels for various administrative and clinical files, and Clinical Record Cover Sheet (CRCS) - work copy
- e. Initiation of various forms required as a result of inpatient treatment
- f. Insure that an admission diagnosis/problem is obtained
- g. Initiation of the various administrative processes associated with the patient's condition at time of admission as necessary
- h. Assistance in ward assignment and update of ward/bed availabilities.
- i. Notification of appropriate individuals or MTF locations

5. Inpatient Administrative Data Acquisition

Consists of two major areas of inpatient administration.

These are the maintenance of the assigned location within the MTF of all inpatients and the maintenance of accurate administrative data pertaining to those inpatients.

a. The following activities impact upon the Patient Location Process:

- 1) Assignment to a Ward/Room/Bed
- 2) Inter/Intra Ward Transfer
- 3) Change of Status (In/Out) - military patient only

b. The following are examples of patient administrative data:

- 1) Primary Care Provider
- 2) Primary Health Care Delivery Team
- 3) Clinical Service
- 4) Diagnosis(es)
- 5) Patient Category

6. Inpatient Disposition

Consists of three sub-functions: projected disposition, predisposition, and final disposition.

a. The projected disposition process applies only to active duty military patients. It consists of establishing a projected date (month and year), type and "PULHES" profile by the physician for the patient. As a result of the establishment of these items, it is possible for PAD in conjunction with other MTF Sections to begin in

the following processing (if applicable):

1) Medical Evaluation Board/Physical Evaluation Board
(MEB/PEB) Processing

2) Assignment/Attachment to the MTF

3) Acquiring of Military Personnel Records

4) Reassignment Orders, Transportation

b. The predisposition process applies to all inpatients.

It provides initiation, management, and monitoring of those actions necessary for the final disposition of the patient from the MTF. The physician provides the expected date of disposition, usually 2-3 days in advance, depending on MTF policy. This allows other MTF activities to be accomplished prior to actual disposition and results in the reduction of the length of stay.

c. The inpatient final disposition process involves the administrative procedures involved with officially dispositioning a patient from an MTF. These procedures include a series of checks to insure that all pending administrative action requiring the patient's retention in the MTF's jurisdiction have been completed and that a care provider has authorized the termination of inpatient care.

7. Inpatient Medical Record Finalization

Is concerned with the monitoring and accomplishment of all activities associated with the "finalization" of all paper and ADP computer records for all inpatients dispositioned from the Medical Treatment Facility. These activities include:

- a. Assembly of the Medical Record
- b. Typing of Narrative Summary and Operation Reports
- c. Individual Patient Data System (IPDS) Data Extract,
Coding, and Analysis
- d. CRCS Production
- e. Record Closeout and Final Review
- f. Filing in MTF Record Library for Subsequent Committee
Review and Reference by others

8. Medical Evaluation Board (MEB) Management

Is concerned with the identification and subsequent monitoring of those patients who are required to have a Medical Evaluation Board. Once a patient is identified as an MEB case, a physician will convene the board and dictate the proceedings. PAD is responsible for monitoring the progress of the steps in the process including some or all of the following (depending on the case):

- a. Personnel Record Abstract Ordered and Received
- b. MEB Scheduled
- c. MEB Held
- d. MEB Draft Dictation Process
- e. MEB Final Dictation Process
- f. MEB Completed
- g. MEB to Military Personnel or Physical Evaluation Board (PEB)
- h. Returned from PEB

9. Medical Services Account (MSA) Support

Applies to the identification and subsequent maintenance of all pay and reimbursable accounts, generates initial billing and follow-up billing, and furnishes reports required for MSA management in the outpatient/inpatient environment.

An automated bill (MSA-Invoice and Receipt) will be produced on demand at the MSA terminal in order that a pay patient may have the option of paying his current bill while still being treated at the facility or at time of disposition. All other pay patients may be billed through the mail, depending on MTF policy.

Periodic transfer of delinquent accounts receivable to the servicing Finance and Accounting Office (FAO) will be automatically completed based on an internal suspense system which will also produce follow-up billing. Transfer of accounts to FAO will be made when the account has been determined to be uncollectable (by MTF and/or Military Service policy).

10. Casualty Section Support

Provides the capability to administratively process and manage all inpatients who are classified as seriously ill (SI), very seriously ill (VSI), or special category (SC), and death cases. PAD's official notification of a patient's classification as SI, VSI, or SC or a death originates with a physician. Upon receipt of official notification, PAD will make proper notification to other functional area personnel, produce casualty reports as required by regulation update the appropriate data base elements and maintain a suspense file to monitor casualty processing.

11. Line of Duty (LOD) and Third Party Liability (TPL) Support

a. Line of Duty

Applies to active duty military inpatients and outpatients. It involves the administrative processing, requisite identification, and distribution required to Unit Commanders of personnel who have been treated at an MTF for an injured condition or certain specified disease conditions. Identification is made at the time of admission (for inpatients) and at outpatient medical record finalization.

b. Third Party Liability

Applies to all inpatients and outpatients. It is concerned with the identification of those patients (of any category) treated for an injury in which the government may recover from third parties the reasonable cost associated with the care rendered. Identification is made at the same time as Line of Duty. PAD reviews the circumstances surrounding the case and forwards information on potential cases to the JAG Office for determination. PAD is also responsible for preparing forms containing cost of treatment in those cases in which costs are determined by JAG to be recoverable.

EXPECTED BENEFITS include:

1. Improved local control and responsiveness
2. Improved patient accounting
3. Improved patient and professional satisfaction
4. Improved documentation of patient episode/encounter

5. Improved maintenance of the medical data base and health care plan.
6. Improved monitoring of all actions (and each step of each action) leading toward final disposition of a patient.
7. Improved medical record control.
8. Improved utilization of PAD resources.
9. Improved report generation.

INTERFACES

To perform the above processes and accomplish the basic objectives, the Patient Administration Division must interface with the following internal and external sources:

1. Internal (Post, Camp or Station) Interfaces
 - a. The Patient and Family
 - b. Hospital Commander and AOD
 - c. Chief, Professional Services
 - d. Information Desk
 - e. Chaplain
 - f. Red Cross
 - g. Department/Services
 - h. Post Judge Advocate General's Office (JAG)
 - i. Post Inspector General's Office (IG)
 - j. Military Patient Personnel

- p. Finance and Accounting
- q. Provost Marshall
- r. Post Locator Service
- s. Medical Holding Company Detachment
- t. Patient's Unit/Commander

2. External Interfaces

- a. The White House, Department of State, Department of Defense, and Congress (Professional/Medical Inquiries)
- b. CHAMPUS Information
- c. ASMRO (Air Evacuation)
- d. National Personnel Record Center
- e. Higher Medical Commands and The Surgeon General's Office
- f. DA Personnel (Adjutant General's Office (AG))
- g. DA Casualty Division
- h. Veterans Administration (VA)
- i. Bureau of Vital Statistics
- j. Department of Epidemiological Services, Bureau of Disease Control, the Communicable Disease Center, WRAIR, and AFIP
- k. Joint Commission on Accreditation of Hospitals (JCAH)
- l. The Local Coroner
- m. Outlying Clinics

SUBSYSTEM INTERFACES

There are major interfaces to all other TRIMIS subsystems (except logistics) particularly including the two-way transfer of patient registration (Directory) data. Specifically included are Wards and Clinics (W/C), Patient Appointments (PAS), Dental, Food Service (FS), and various ancillary services.

AMENABILITY TO ADP SUPPORT

The eventual goal is that PAD be an automated system with significant on-line interactive computer support. However, in these flowcharts, the processing is presented only in terms of procedures. Because of this technology-independent approach, the system and the charts are not in any way tied to the use of a computer or any other technology, thus enhancing their usefulness. In fact, if workload and resources allow, any or all features of PAD may be implemented manually by simply following the flowcharts.

CONDITION-ACTION
DIAGRAM
INTERPRETATION
GUIDE

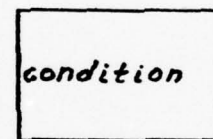
ACTION

When an action circle is encountered, the specified action, procedure, function, or process is to be performed as noted. An action is performed and never has a truth (true or false) value.



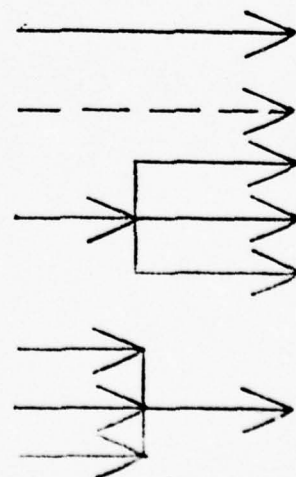
CONDITION

When a condition box is encountered, the specified condition is to be evaluated. If it holds true or succeeds, the following blocks on the diagram are to be executed. If the condition does not hold, then flow along this path of the diagram stops. The flow may, as appropriate, either be permanently blocked or may merely wait at the box pending the successful evaluation of the condition at some later time. A condition always has a truth (true or false) value.



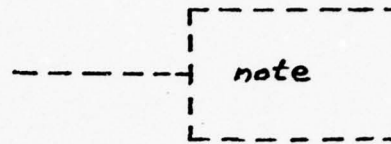
FLOWLINES

Flow proceeds through the diagram along the flowlines. When a flowline splits into multiple lines, all the lines must be followed (perhaps at once). If only one is intended, condition boxes will be used to select the proper line. When flowlines join or reconsolidate into a single line, that line is to be followed regardless of the number of joining lines that were active. Thus there is no waiting at a junction. Control, execution, or interpretation of the diagram is shown by solid flowlines. Data and information, is usually assumed to accompany control, but where necessary for clarity, it is shown, regardless of media, by dashed lines.



NOTE

Clarifying notes, comments, remarks, and other annotation, including references to additional documentation, are enclosed in dashed note boxes and are connected to the annotated structure by dashed lines.



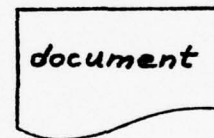
STORAGE

A triangular storage block indicates storage of information or data regardless of the medium of storage. Thus, only dashed data flow lines, not solid control lines, will connect to storage blocks.



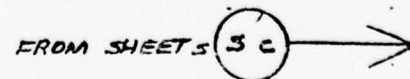
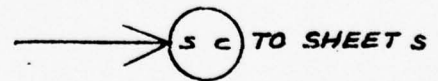
DOCUMENT

A document symbol represents information or data, regardless of media (it may or may not physically reside on a document). It is used only for clarity, as information such as that contained in the "document" is assumed to always be present along with the control flow. Like the storage symbol, only dashed data lines may connect to a document symbol.



CONNECTOR

A connector circle specifies that the flow continues on another page. An out-connector contains a number, which is the sheet number at which the flow is continued, and a letter, which specifies which in-connector on that sheet is being referenced. The in-connector contains the matching number-letter code. Adjacent to the connectors is a notation as to the sheet and process to or from which the connectors refer.



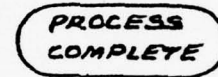
PROCESS

A striped process circle indicates a process to be performed. It is analagous to a high-level or meta-action. The process referenced will be diagrammed in its own set of condition-action flowcharts which are included in the same packet of flowcharts for reference. After the process is performed, flow resumes.



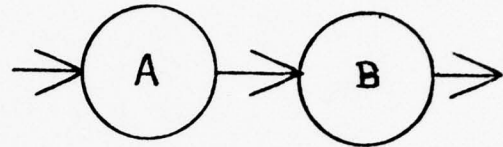
TERMINATOR

The oblong terminator symbol indicates that the current process or sub-process is complete. Normally, upon completion of a process, control returns to the process which invoked it, and resumes where it left off in that process.

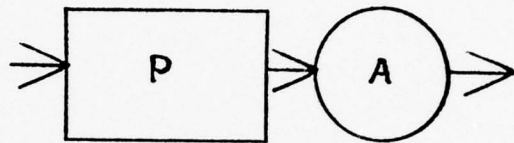


CONDITION-ACTION EXAMPLES

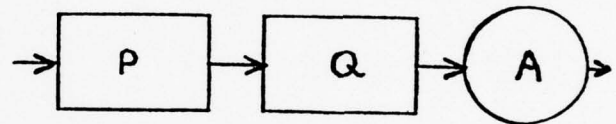
Perform Action A first, then in sequence, perform B.



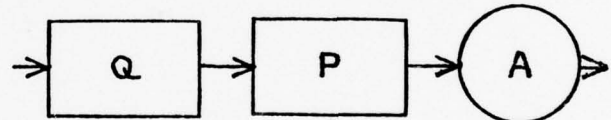
If condition P holds true, then perform Action A. If P does not hold, do not perform A.



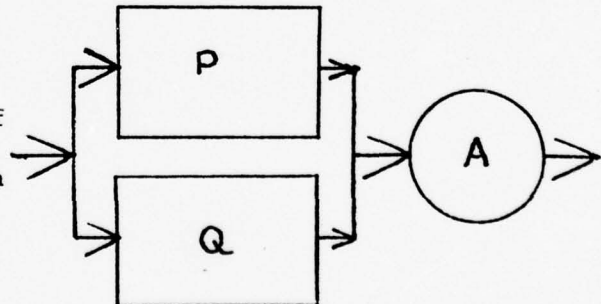
If both condition P and condition Q hold true, then perform A. If either one does not hold, then do not perform A.



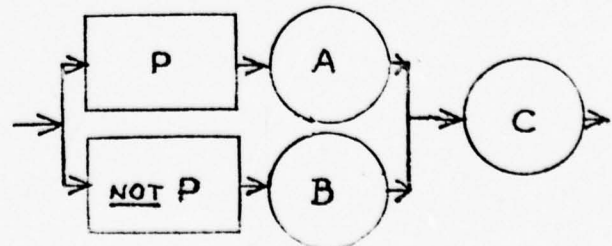
Same function and same net results as above, but evaluated in a different sequence.



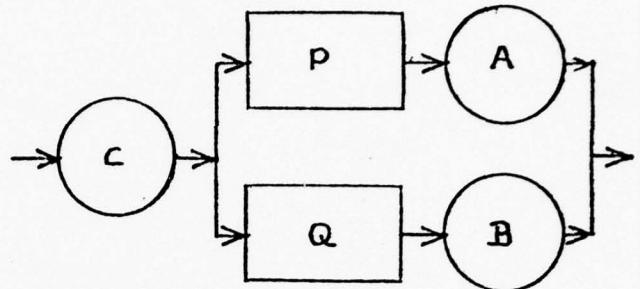
If either condition P holds true, or if condition Q holds true (or both), then perform A. If neither holds true, then do not perform A.



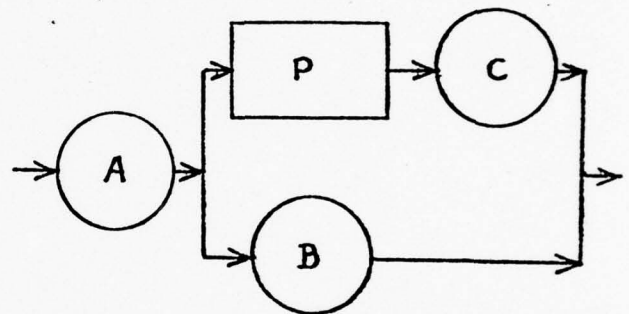
If condition P holds true, then perform Action A but not B. If P does not hold, then perform B but not A. In any case, when done, perform C.



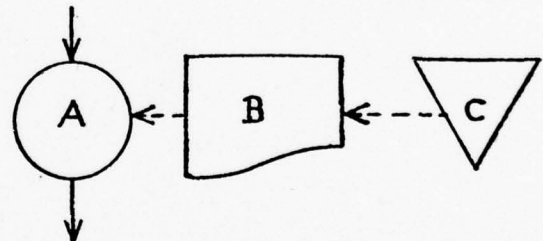
First perform Action C. Then: If condition P holds true, then perform Action A. If condition Q holds true, then perform action B. Note that both P and Q may hold, in which case both A and B will be performed.



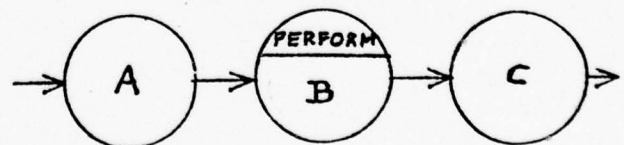
First perform Action A, then (in all cases) perform Action B. Additionally, if condition P holds true, then perform Action C (perhaps at the same time as Action B).



Perform Action A utilizing information contained on the document B which was retrieved from the file C.



First perform Action A. Then perform process B, which is itself flowcharted elsewhere in this set of charts. After B is completed, return to here and perform Action C.



ABBREVIATIONS USED IN PAD CHARTS

A&D	Admissions and Dispositions Section
acct	account
acknowl	acknowledge
adm	admission; administration
admin	administration
admis	admission
ADP	Automatic Data Processing (computers)
AFB	Air Force Base
AFIP	Armed Forces Institute of Pathology
AG	Adjutant General
AIREVAC	Air Evacuation
AM	morning (Latin "ante meridiem")
amt	amount
AOD	Administrative Officer of the Day
approp	appropriate; appropriation
ASMRO	Armed Services Medical Regulating Office
att	attendant
auditg	auditing
bal	balance
balancg	balancing
BAMC	Brooke Army Medical Center
C/A	Collection/Audit
cdr	commander
cert	certificate

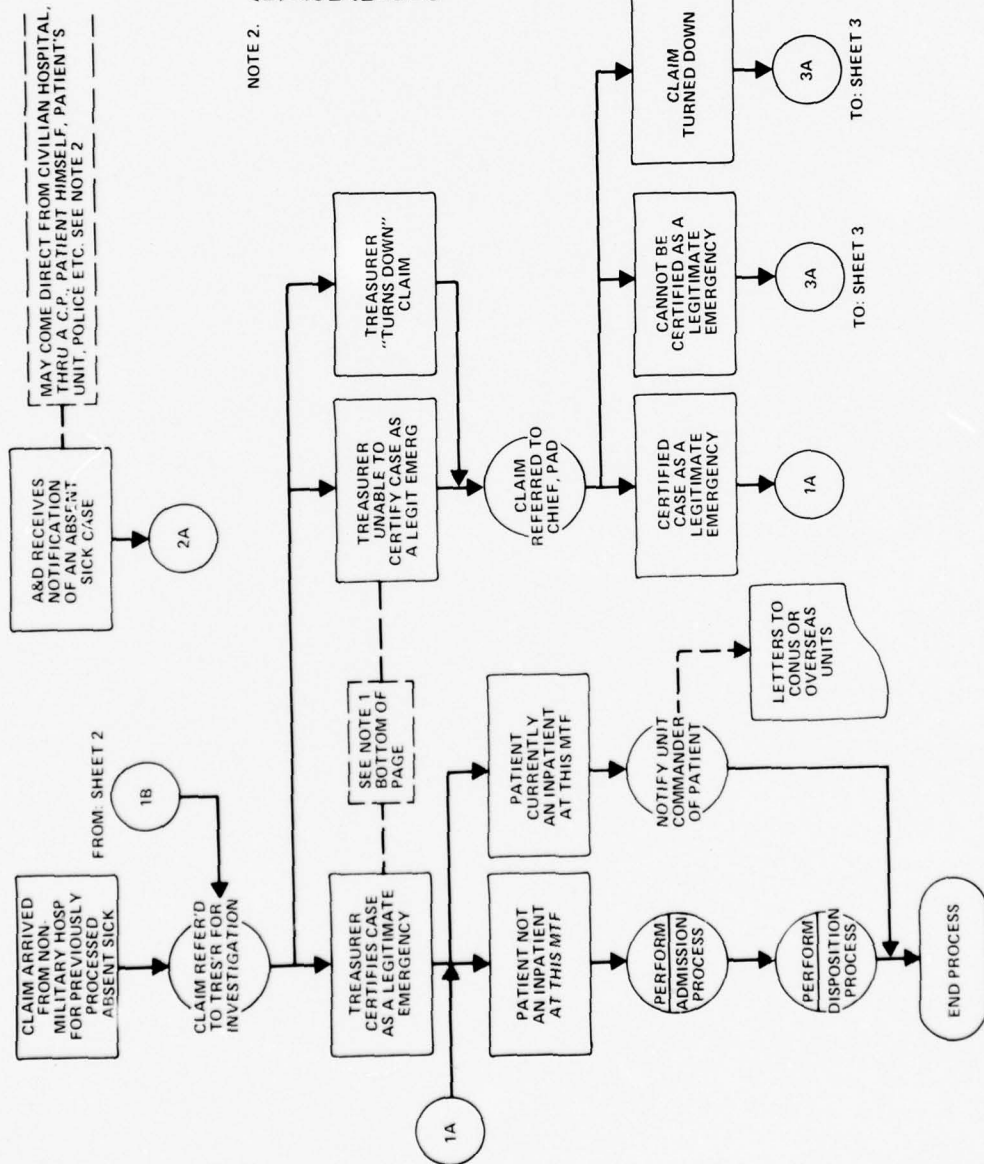
ch	chief
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
chf	chief
chg	change
cite	<i>citation; cite</i>
CO	Commanding Officer
collec	collect; collection
CONUS	Continental United States (the 48 contiguous states)
coord	coordinate
copter	helicopter
corr	correspond; correspondence
CP	Care Provider (physician, nurse, dentist, etc.)
CRCS	Clinical Record Cover Sheet
Δ T	time elapses; elapsed time ("delta tee")
\$'s	money
DA	Department of the Army
detach	detachment
doc	document
docu	document
DoD	Department of Defense
emerg	emergent; emergency
EPTS	Existing Prior to (military) Service
ETA	Estimated Time of Arrival
ETD	Estimated Time of Departure
ETS	Expiration of Term of (military) Service
evac	evacuation

F&A	Finance and Accounting
FAO	Finance and Accounting Office
FS	Food Service
HDQS	headquarters
heli	helicopter
helipad	helicopter landing pad
hist	history
hosp	hospital
HQS	headquarters
HSC	US Army Health Services Command
ID	identification
idx	index
in proc	in-processing
info	information
INPT	inpatient
inv	inventory
inv'ory	inventory
inven	inventory
IPDS	Individual Patient Data System
JAG	Judge Advocate General
JCAH	Joint commission on Accreditation of Hospitals
John Doe	(temporarily) unidentified patient
legit	legitimite
LOD	Line of Duty
log	log; record on a log
LOG	Logistics

MEB	Medical Evaluation Board
med	medical
MEDEVAC	Medical Evacuation
Med Hold	Medical Holding Detachment
MHD	Medical Holding Detachment
mil	military
MITRC	Medical Inpatient Treatment Recording Cart
MRT	Medical Record Technician
MSA	Medical Service Accounts
MTF	Medical Treatment Facility (hospital, medical center, dispensary, health clinic, etc.)
MTRC	Medical Treatment Recording Card
nec	necessary
NOK	Next of Kin
nom	nominal
nom idx	nominal index (index by name of patients)
notif	notify; notificatin
NS OP	Narrative Summary Operation
O/P	outpatient
off	office
ok	okay
OR	Operating Room
orig	original
OTSG	US Army Office of the Surgon General
PAD	Patient Administration; Patient Administration Division of an MTF; TRIMIS Patient Administratin Subsystem

partial	partial; partially
PAS	Patient Appointments System
PASC	Patient Administration Service Center
PCS	Permanent Change of Station
PEB	Physical Evaluation Board
PEBLO	PEB Liaison Officer
per	personnel
pers	personnel
PIO	Public Information Office
pnt	patient
pre/ad-	
mission	pre-admission or admission
prep	prepare
prev	previous
PRN	as needed; as required (Latin "pro re nata")
prob	problem
proc	process; processing
prod	product; produce
prof	professional
prop	property
Pt	patient
PTF	Patient Trust Fund
PTID	Patient Identification
ptn	patient
pub	public
PULHES	physical profile code

recvg	receiving
refer'd	referred
regis't	registered
rep	representative
TRIMIS	Tri-Service Medical Information System (the project, the organization, or the ADP system)
VA	Veterans Administration
vals	valuables
VIP	Very Important Person
VSI	Very Seriously Ill
w/	with
w/draw	withdraw
W/C	Wards and Clinics
w/in	within
WRAIR	Walter Reed Army Institute of Research
WRAMC	Walter Reed Army Medical Center

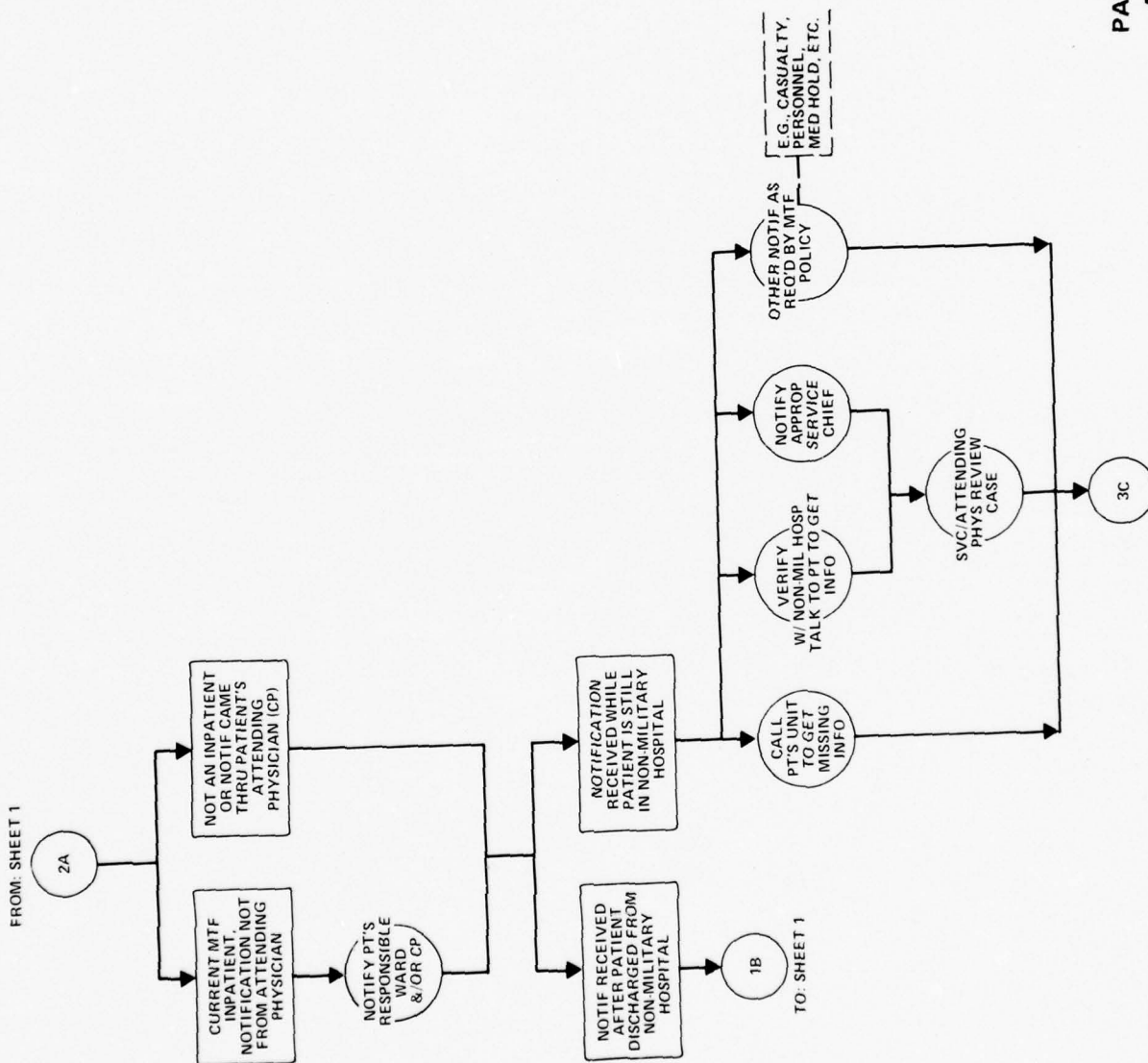


NOTE 2.

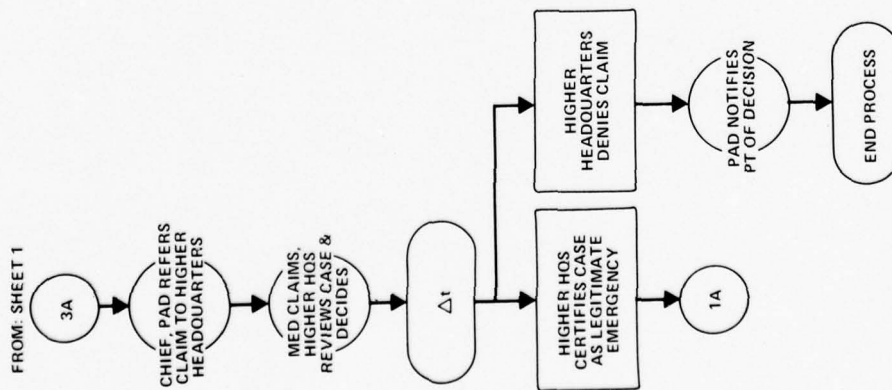
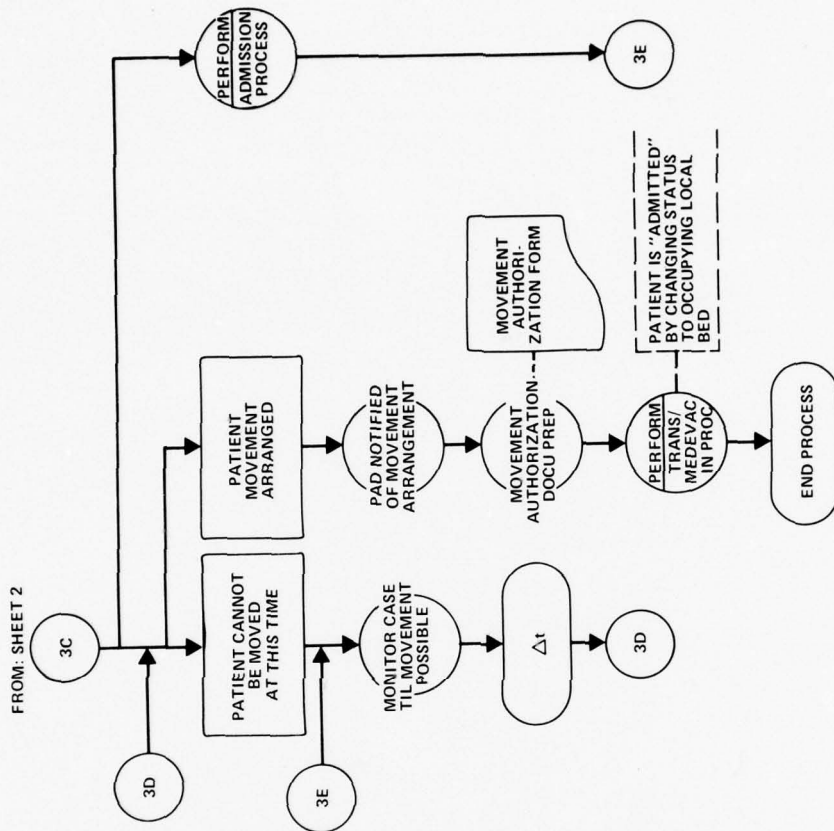
ABSENT SICK: ANY ACTIVE DUTY MEMBER, REGARDLESS OF SERVICE, WHO IS HOSPITALIZED IN AN EMERGENCY CONDITION, AT A CIVILIAN HOSPITAL WITHIN A DESIGNATED GEOGRAPHIC AREA FOR WHICH THE LOCAL MTF IS RESPONSIBLE OR AN ACTIVE DUTY ARMY MEMBER WHO IS AN INPATIENT OF AN MTF WHO BECOMES HOSPITALIZED IN AN EMERGENCY CONDITION AT A CIVILIAN HOSPITAL WITHIN THE DESIGNATED GEOGRAPHIC REGION OR ANY MILITARY HOSPITAL IN CONUS

NOTE 1.

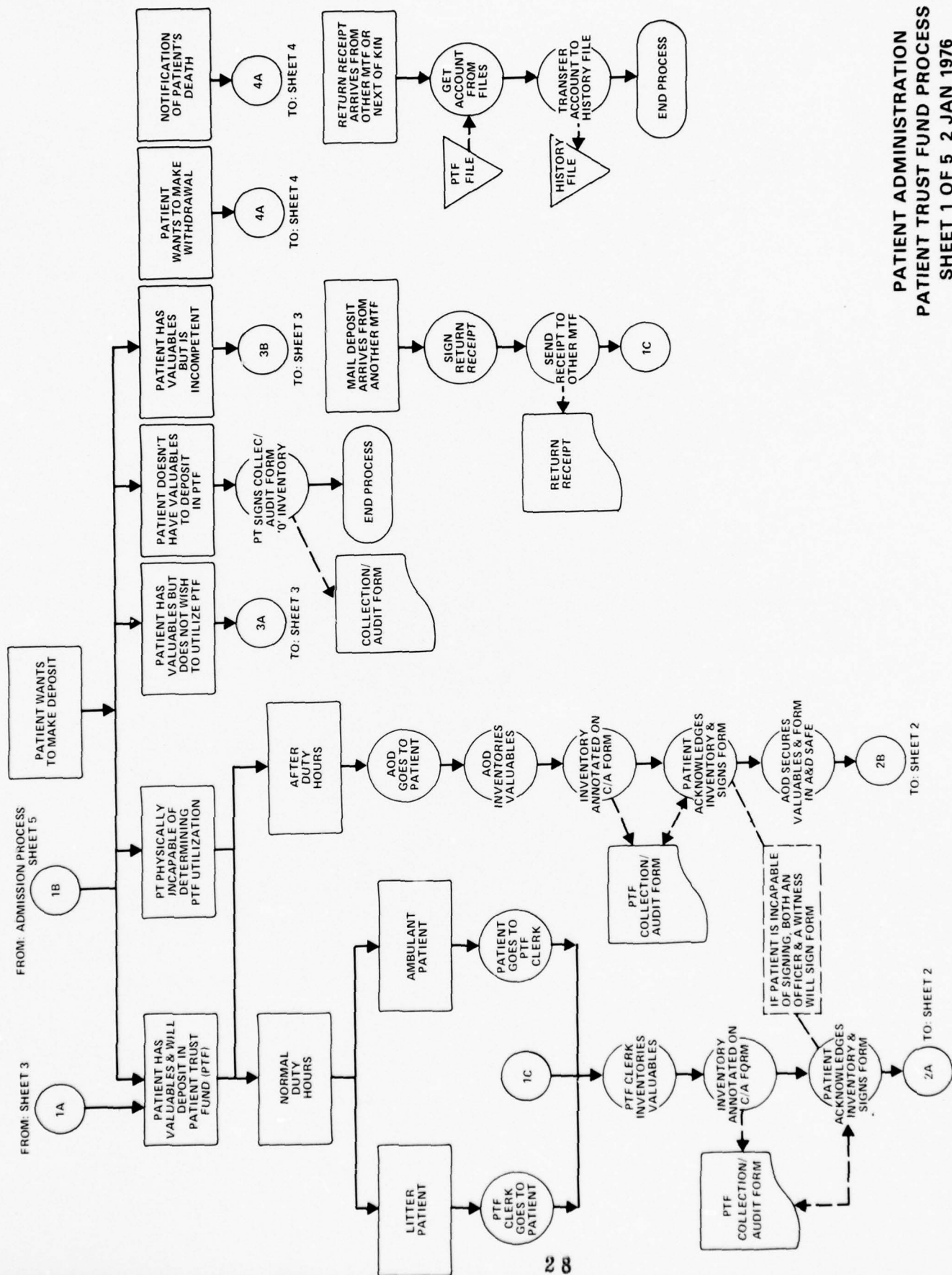
ABSENT SICK HOSPITALIZATION IS LEGITIMATE ONLY FOR AN ACTIVE DUTY WHO WAS ADMITTED FOR AN EMERGENCY SICKNESS OR INJURY. IN CASES WHERE DOUBT EXISTS AS TO THE EMERGENCY NATURE OF THE ADMISSION, SUCH DOUBT WILL BE RESOLVED JOINTLY BY THE CHIEF, PAD & STAFF PHYSICIANS IF POSSIBLE OR REFERRED TO HIGHER HEADQUARTERS FOR SOLUTION

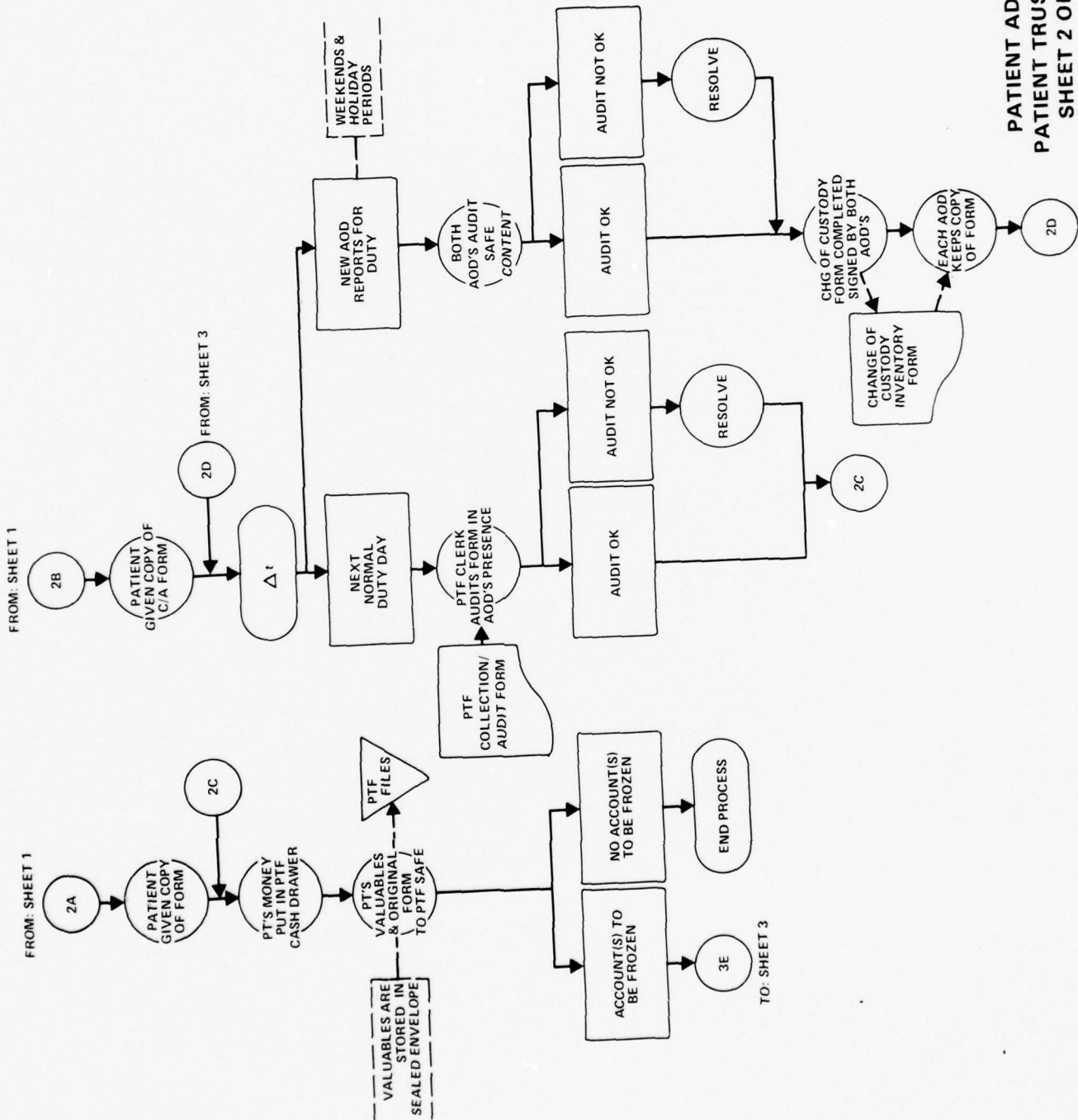


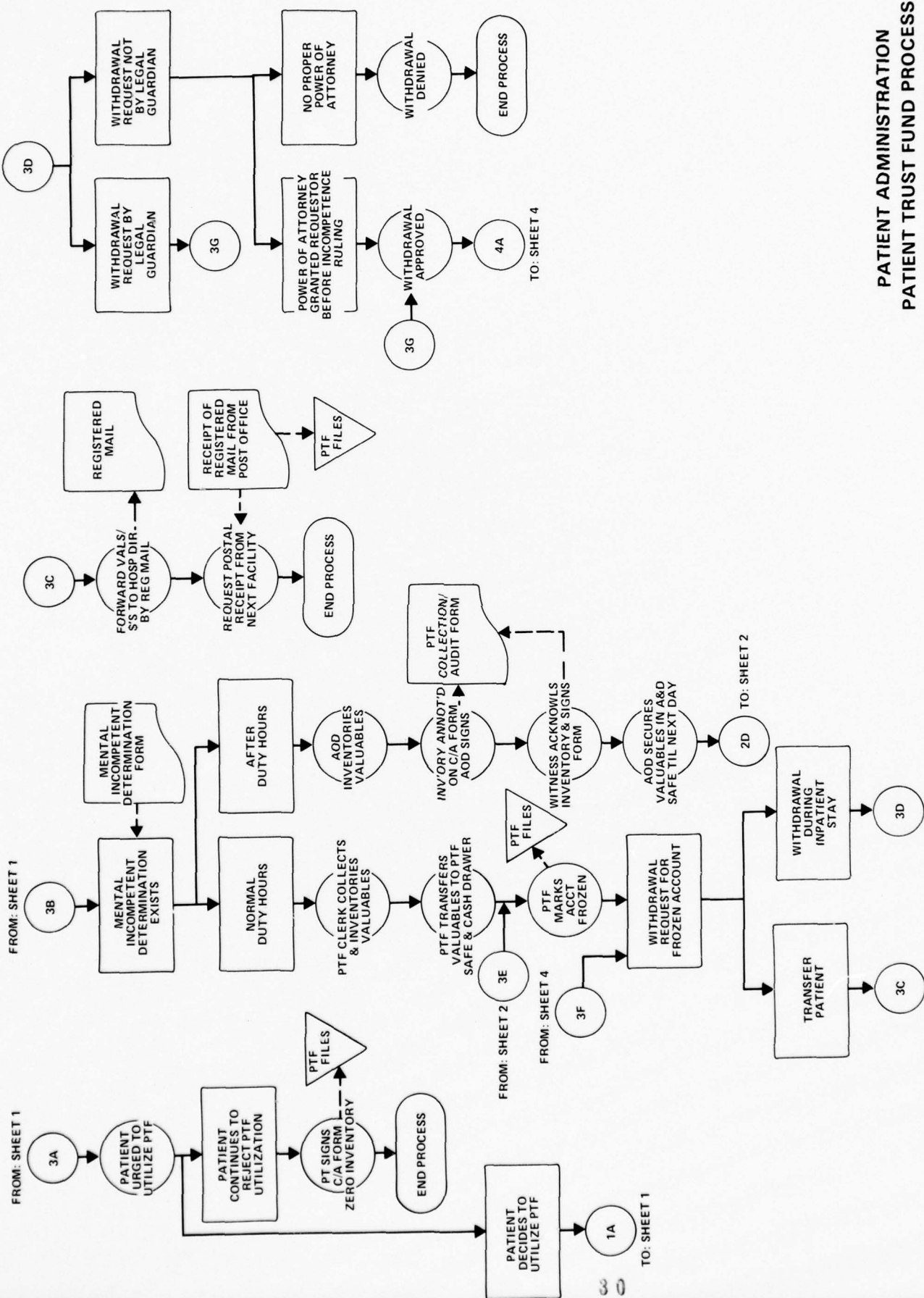
PATIENT ADMINISTRATION
 ABSENT SICK PROCESS
 SHEET 2 OF 3 5 JAN 1976



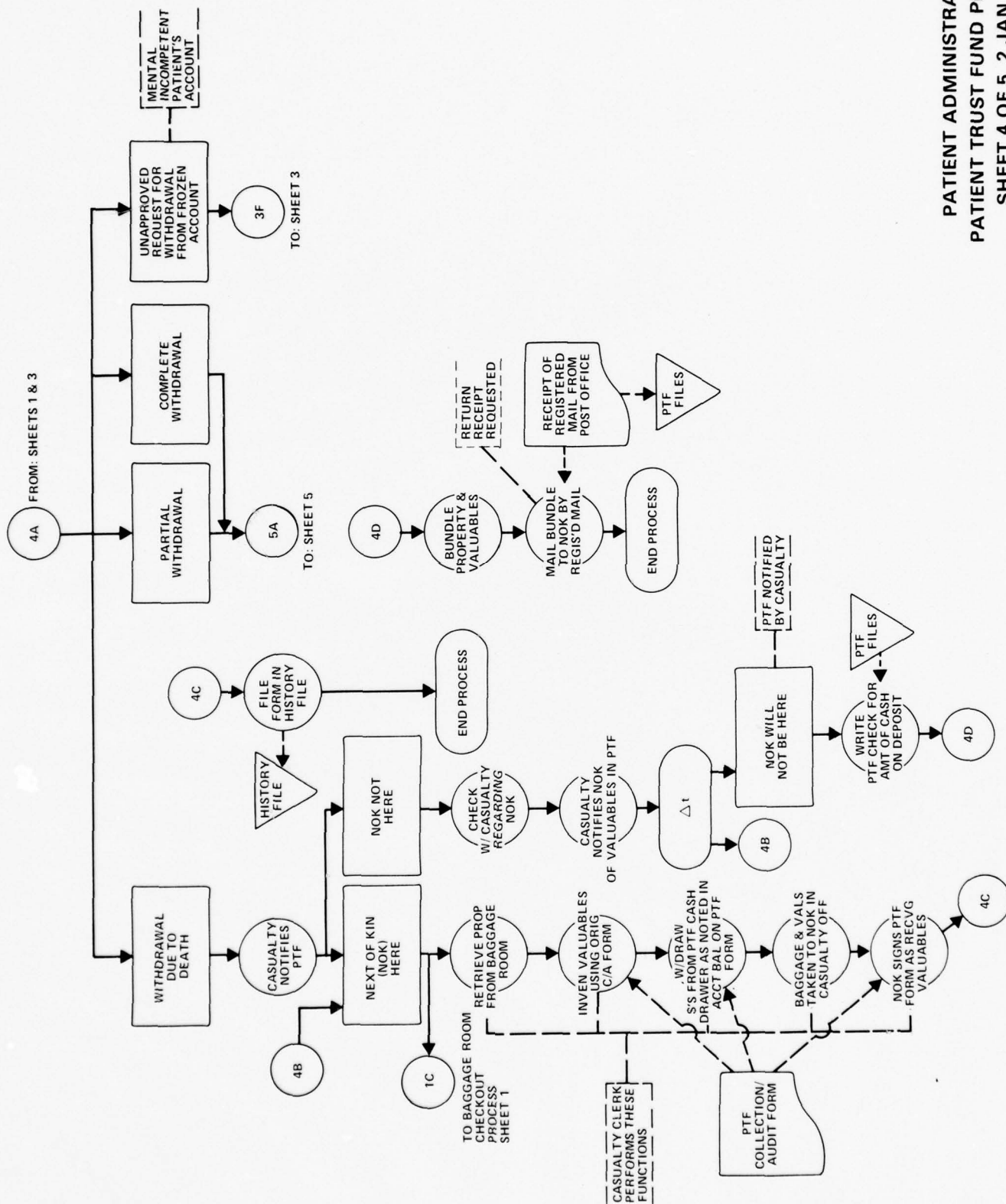
PATIENT ADMINISTRATION
ABSENT SICK PROCESS
SHEET 3 OF 3 5 JAN 1976



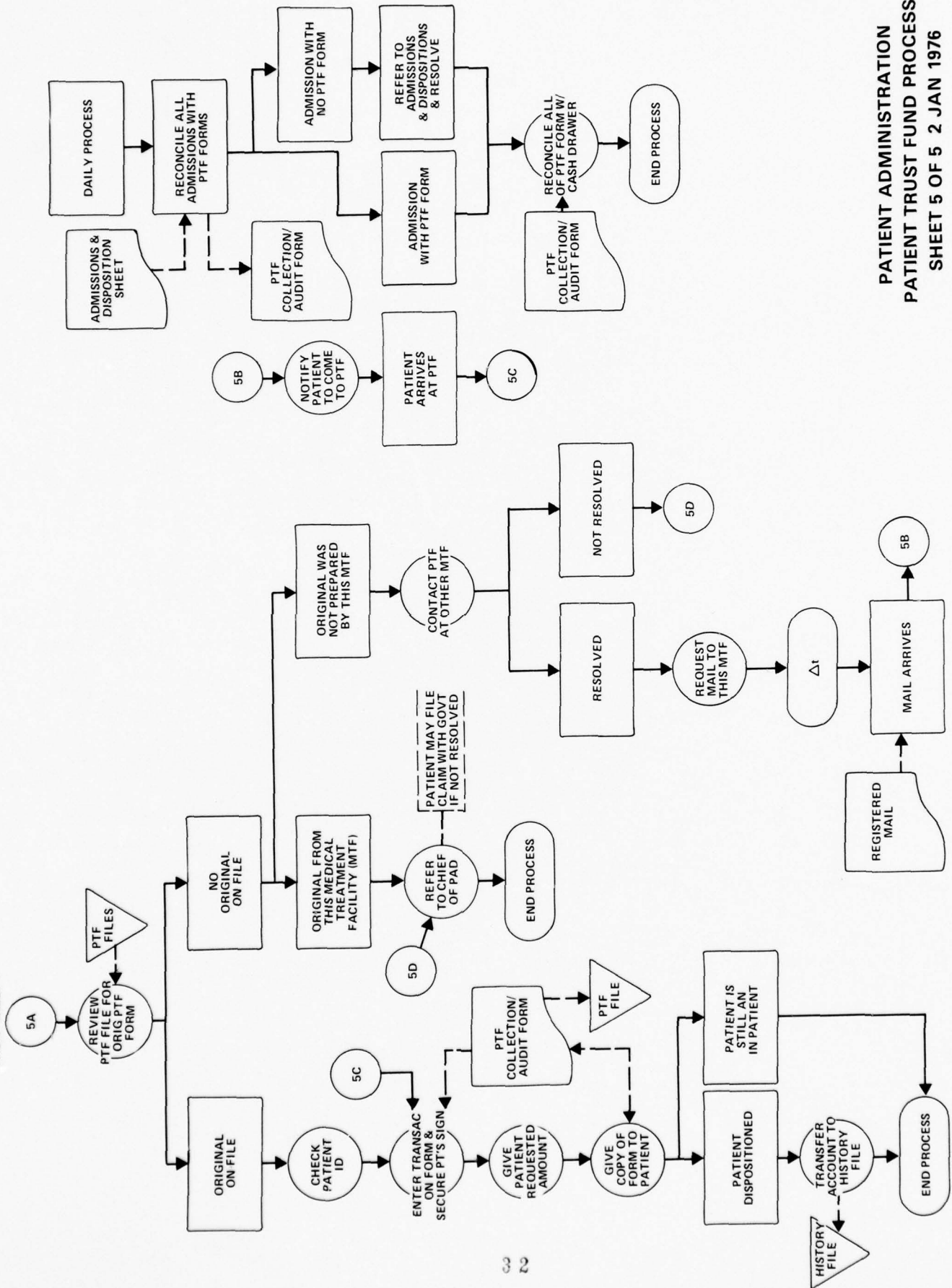




PATIENT ADMINISTRATION
PATIENT TRUST FUND PROCESS
SHEET 4 OF 5 2 JAN 1976



FROM: SHEET 4

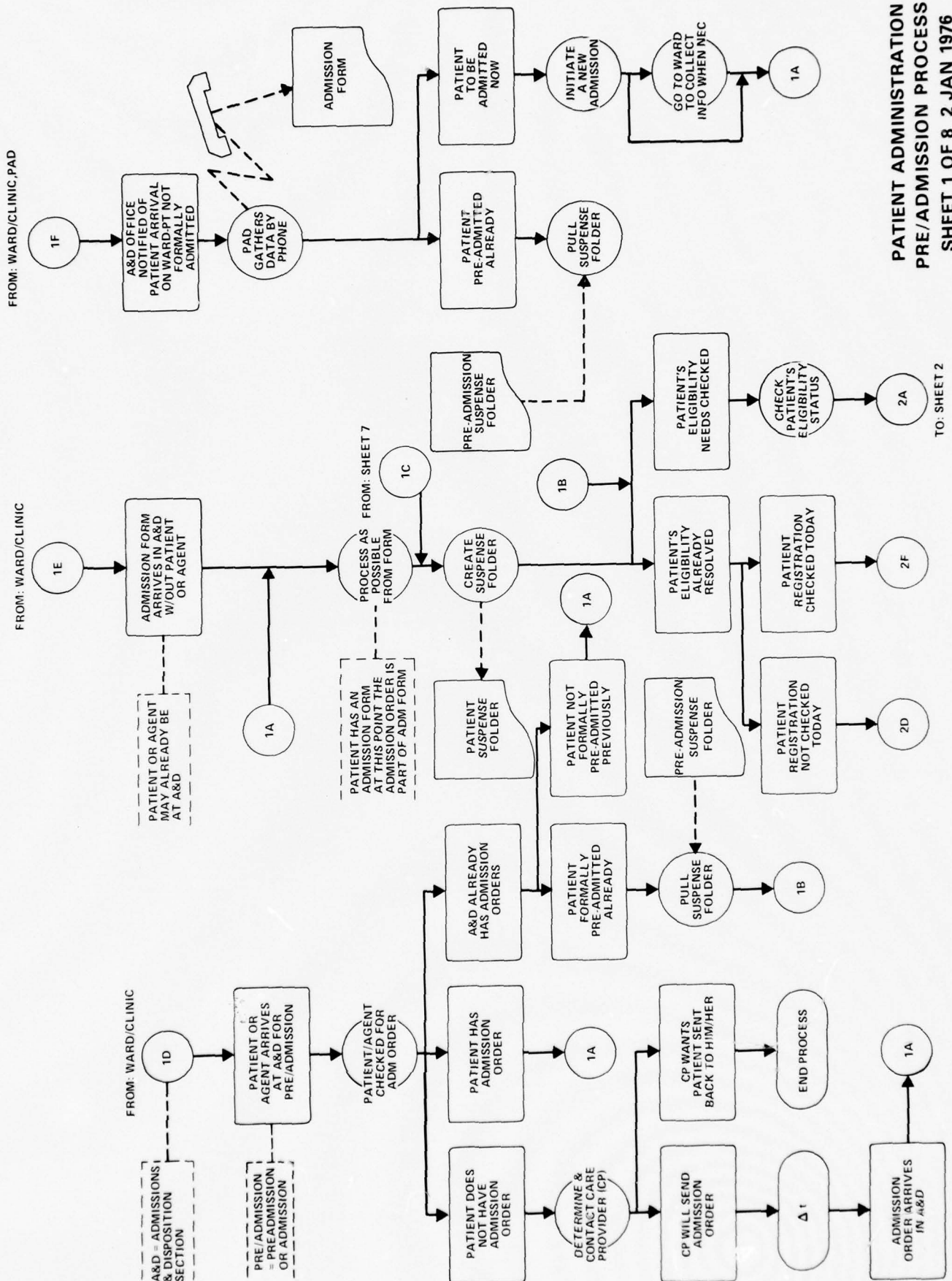


PATIENT ADMINISTRATION
PATIENT TRUST FUND PROCESS
SHEET 5 OF 5 2 JAN 1976

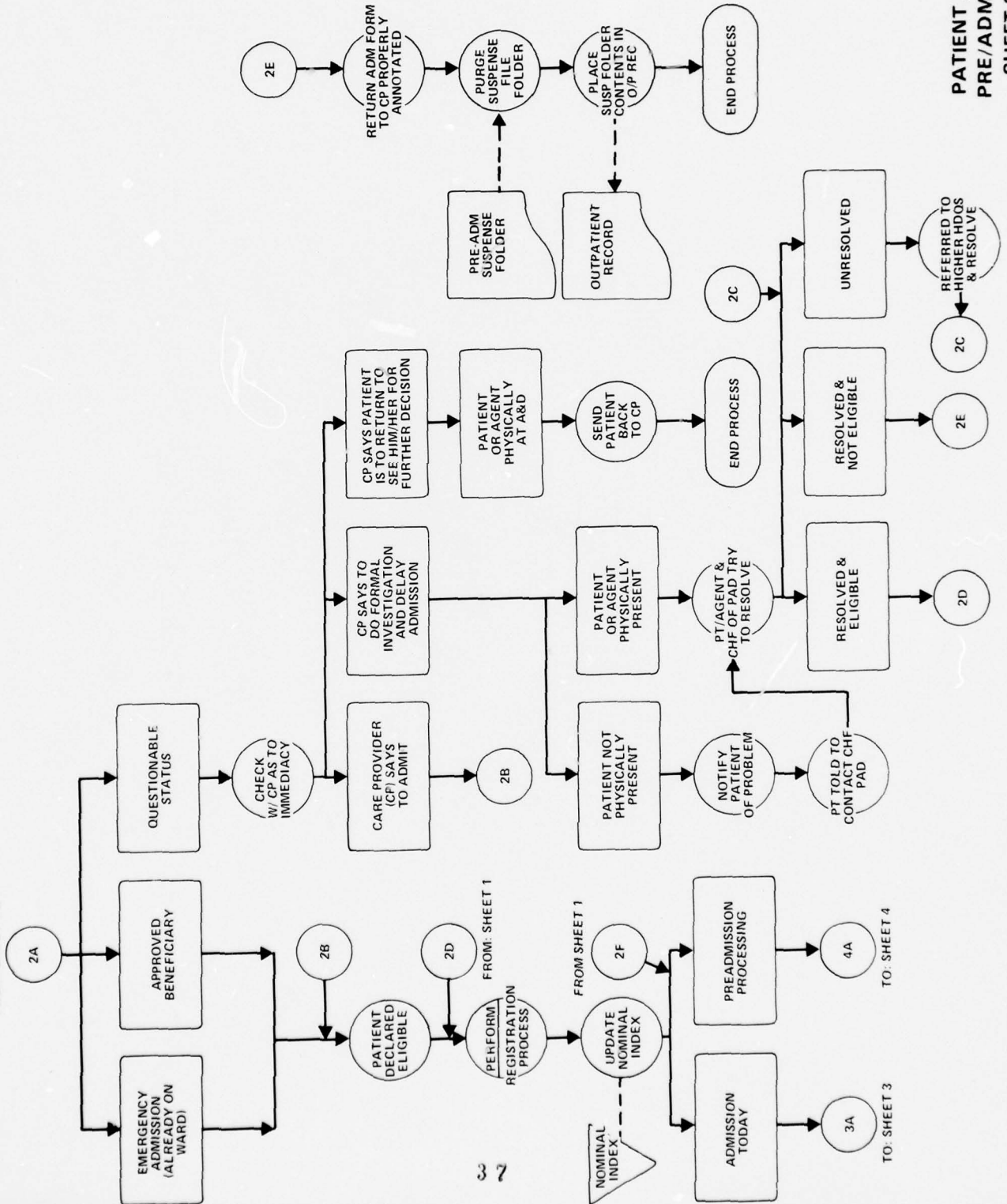
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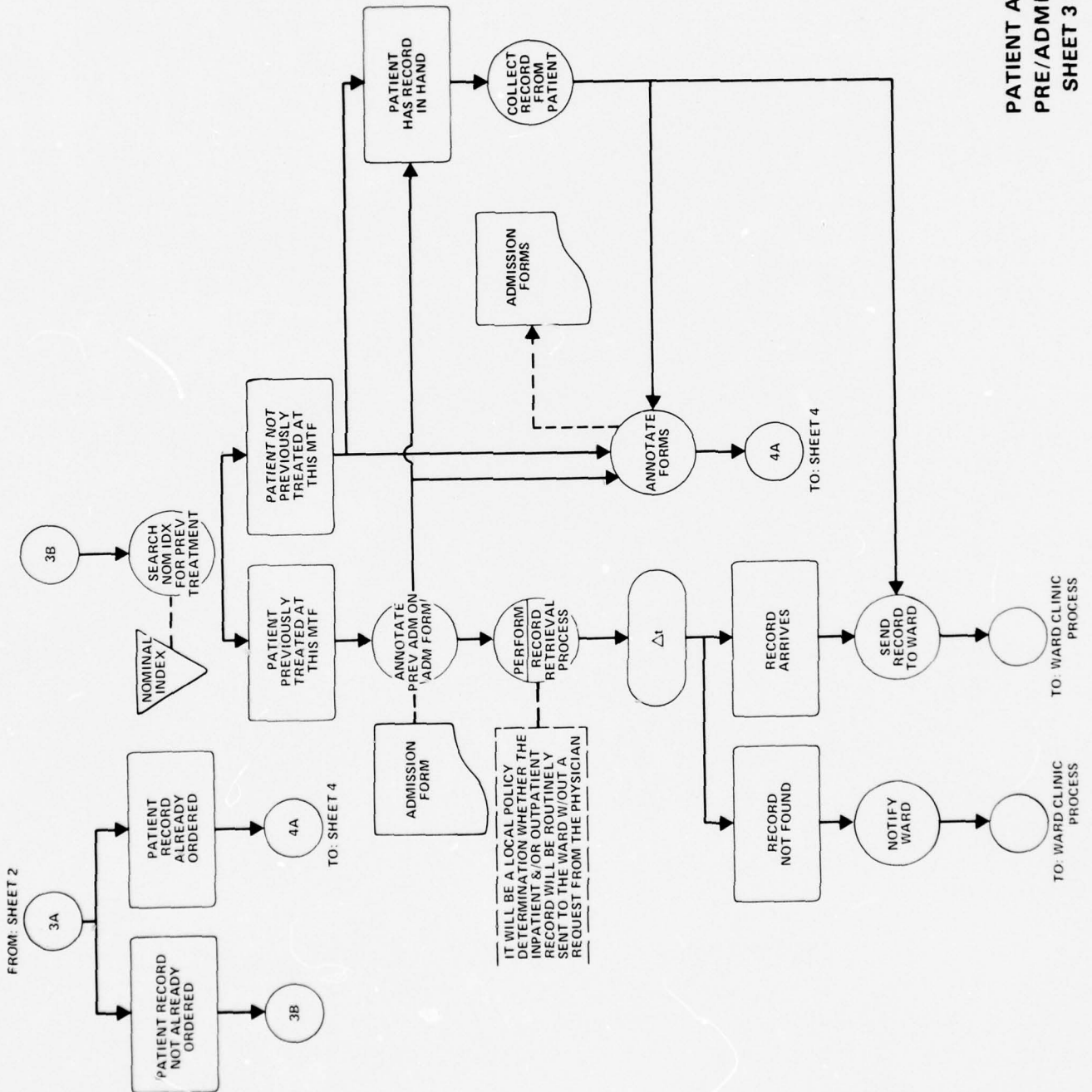
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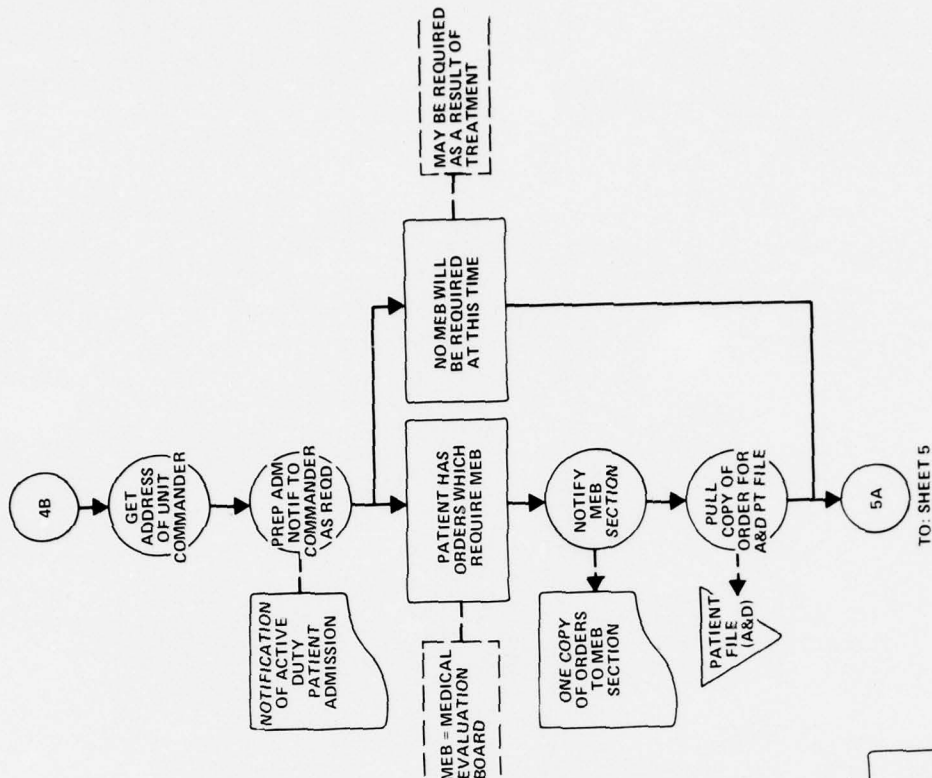
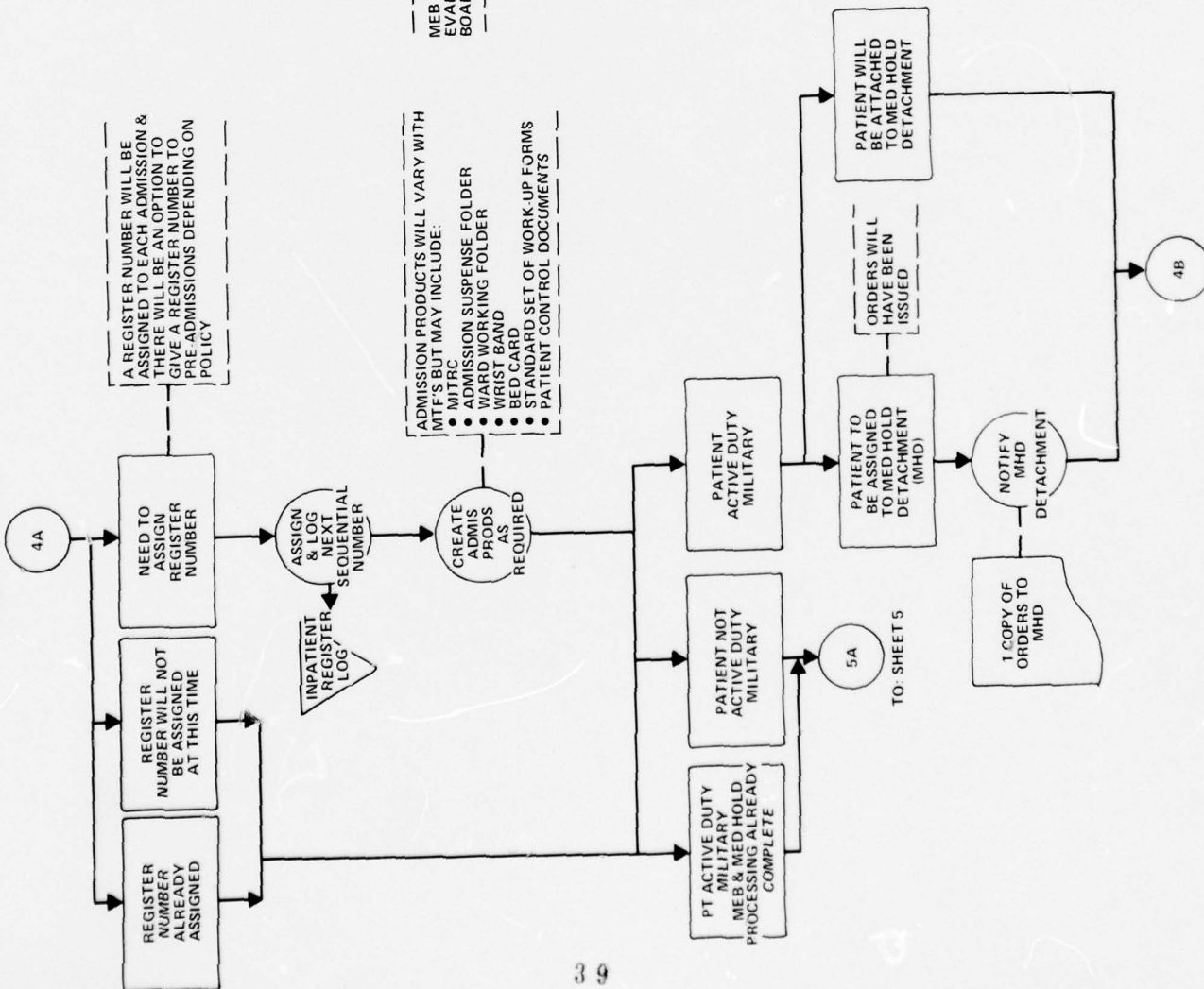


FROM: SHEET 1 & 7

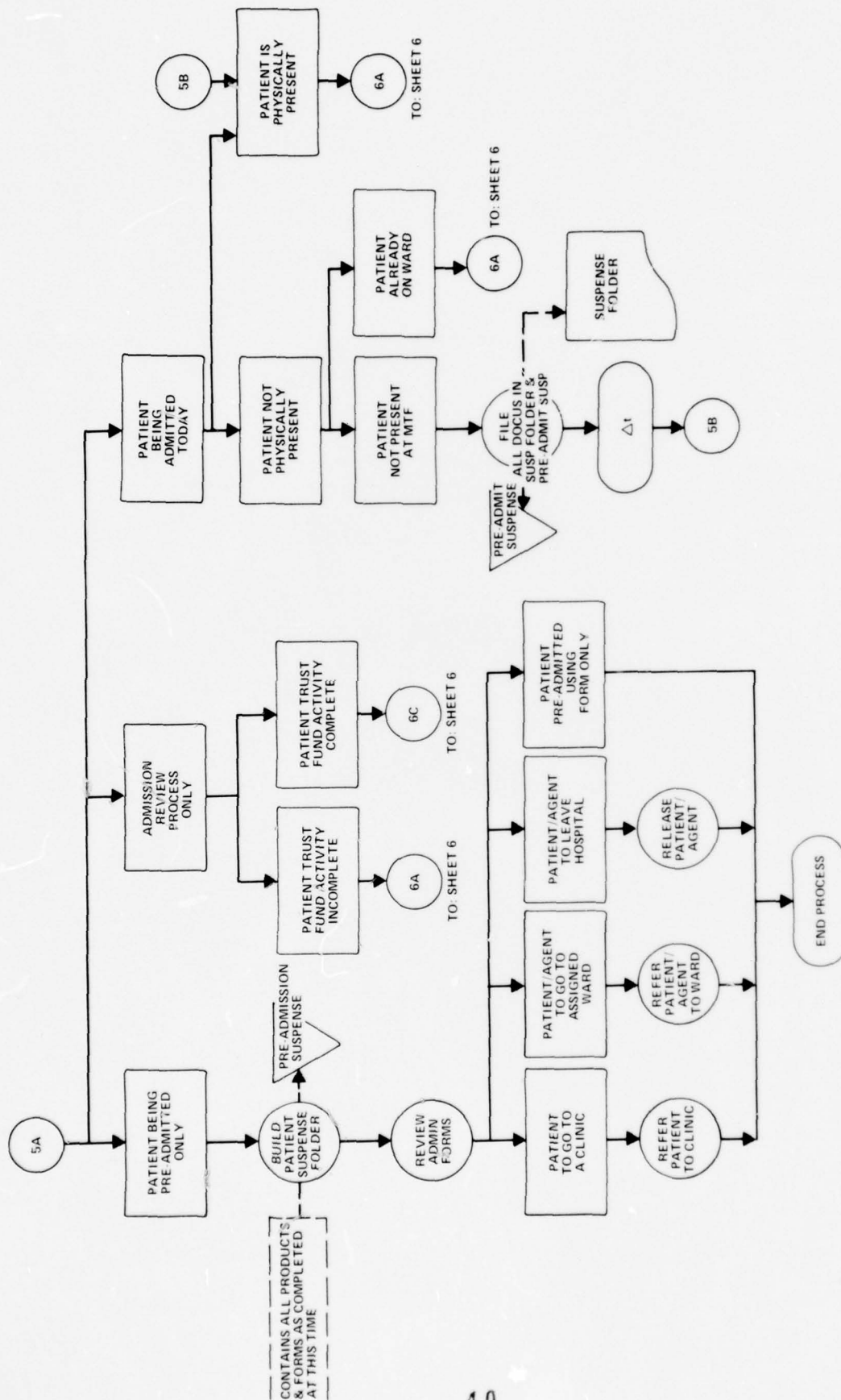


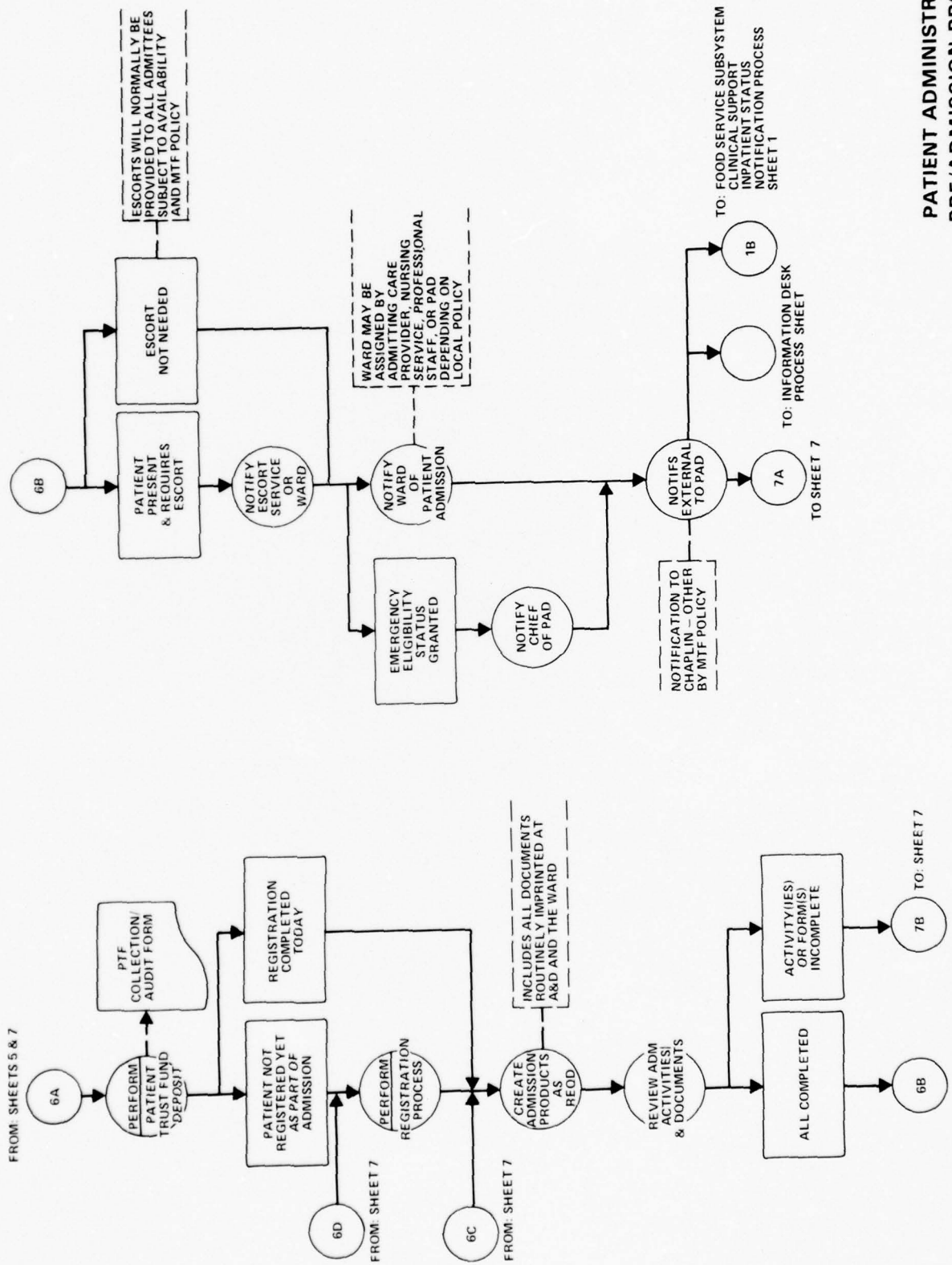


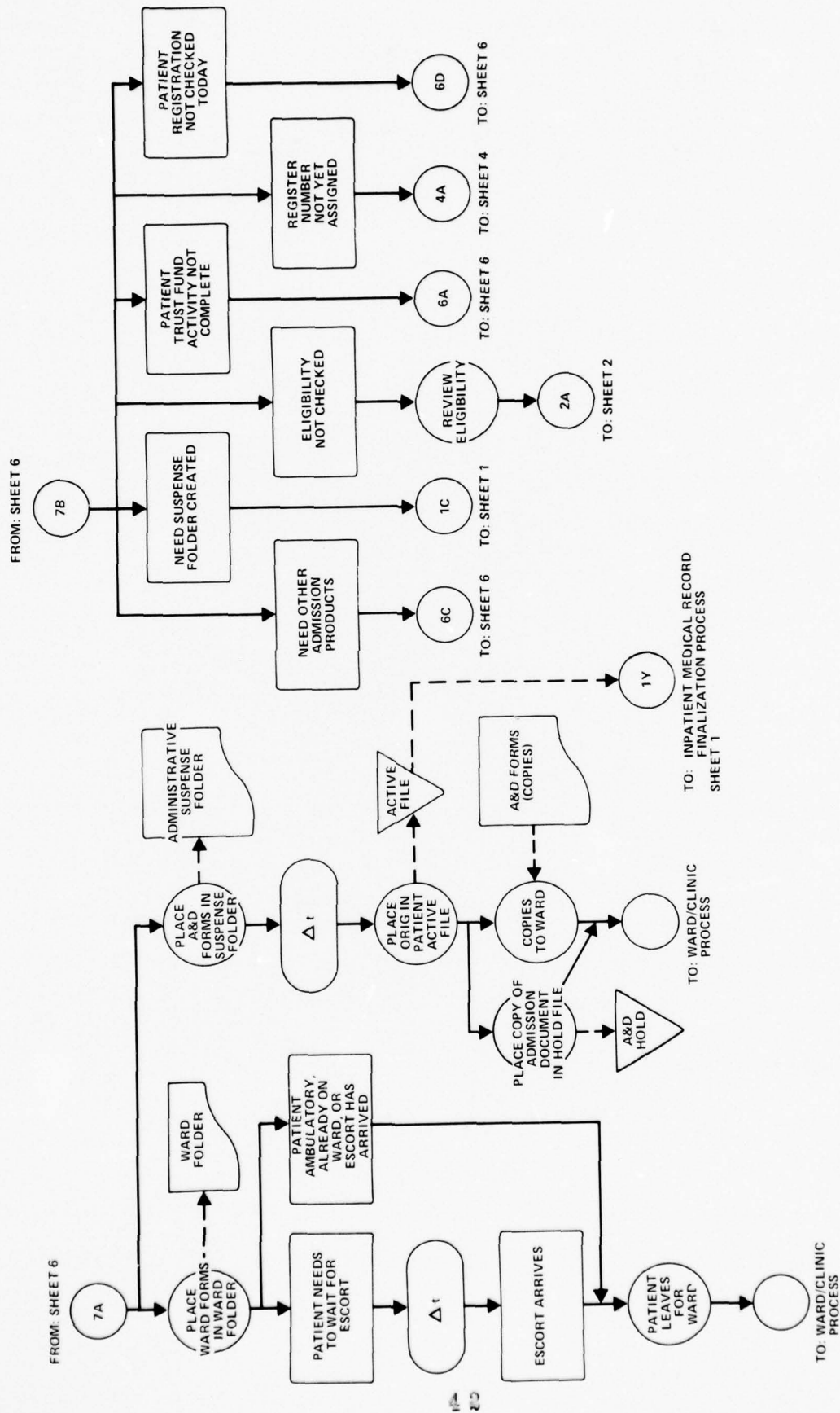
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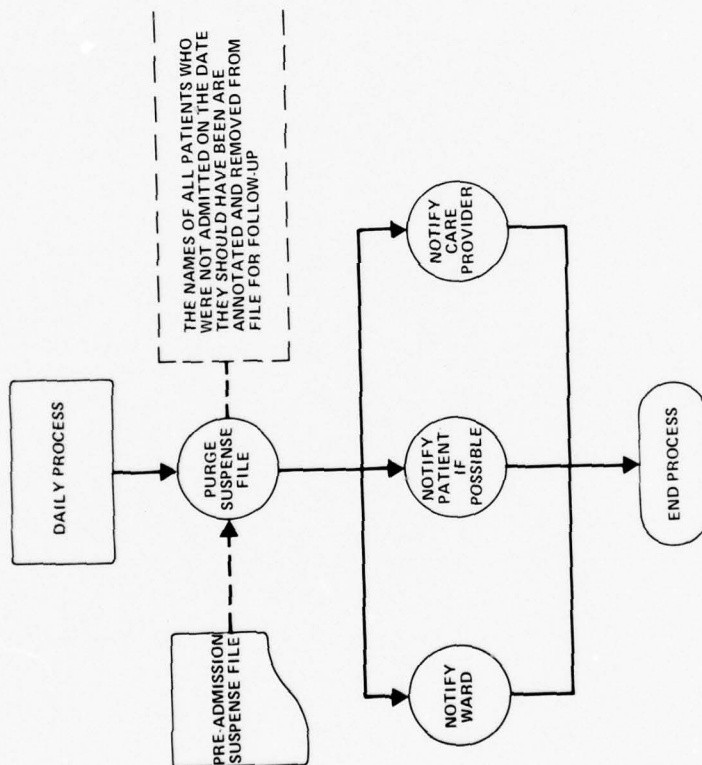


PATIENT ADMISSION PROCESS
PRE/ADMISSION PROCESS
SHEET 4 OF 8 2 JAN 1976

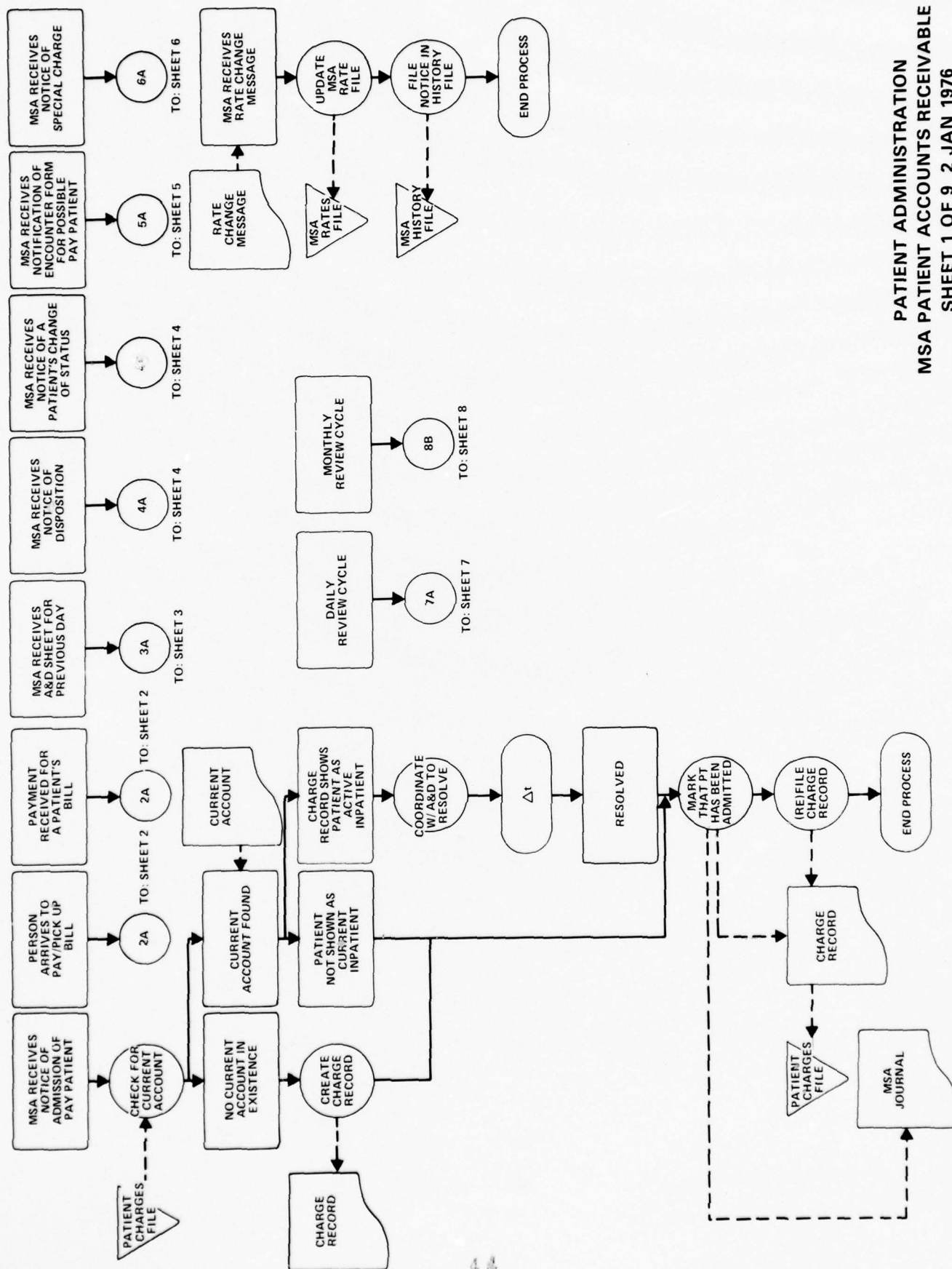




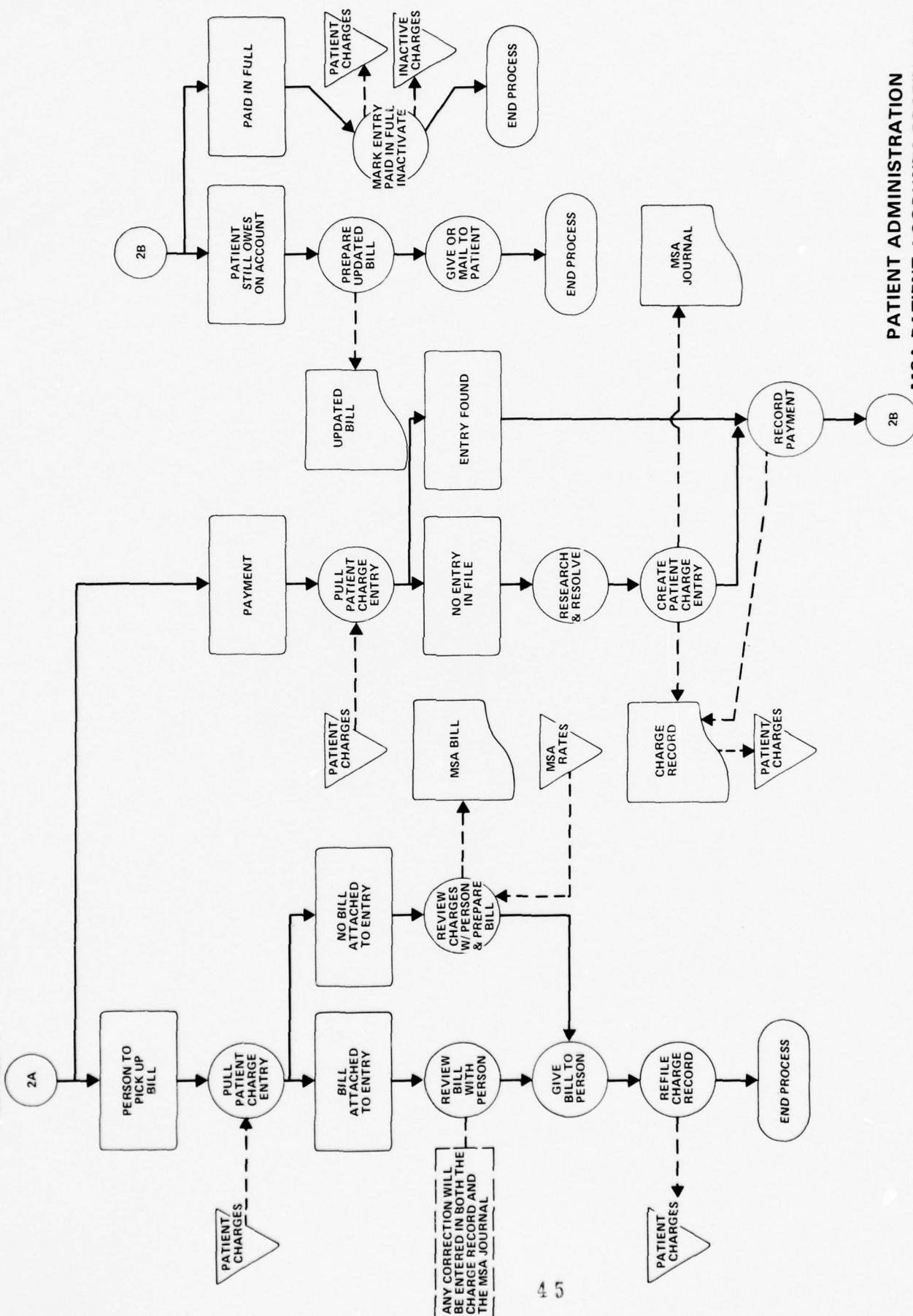




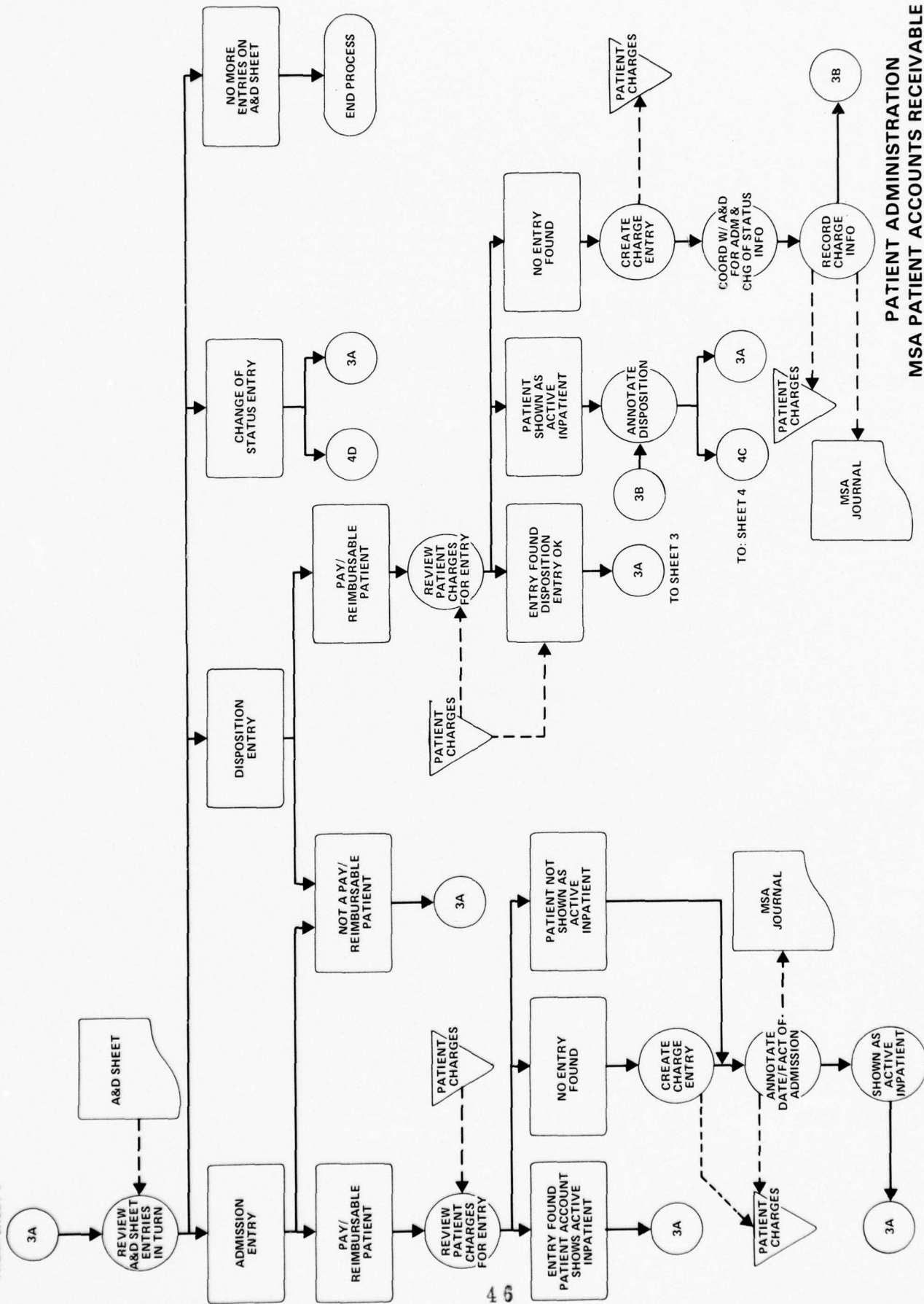
PATIENT ADMINISTRATION
PRE/ADMISSION PROCESS
SHEET 8 OF 8 2 JAN 1976



FROM: SHEET 1

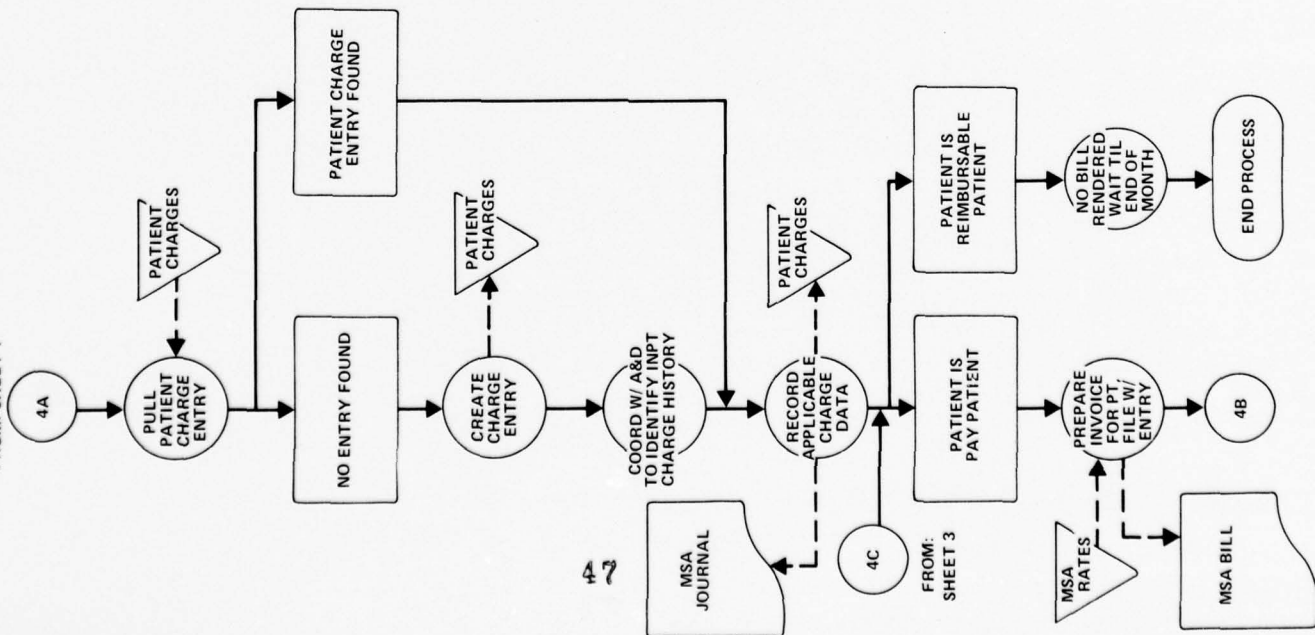


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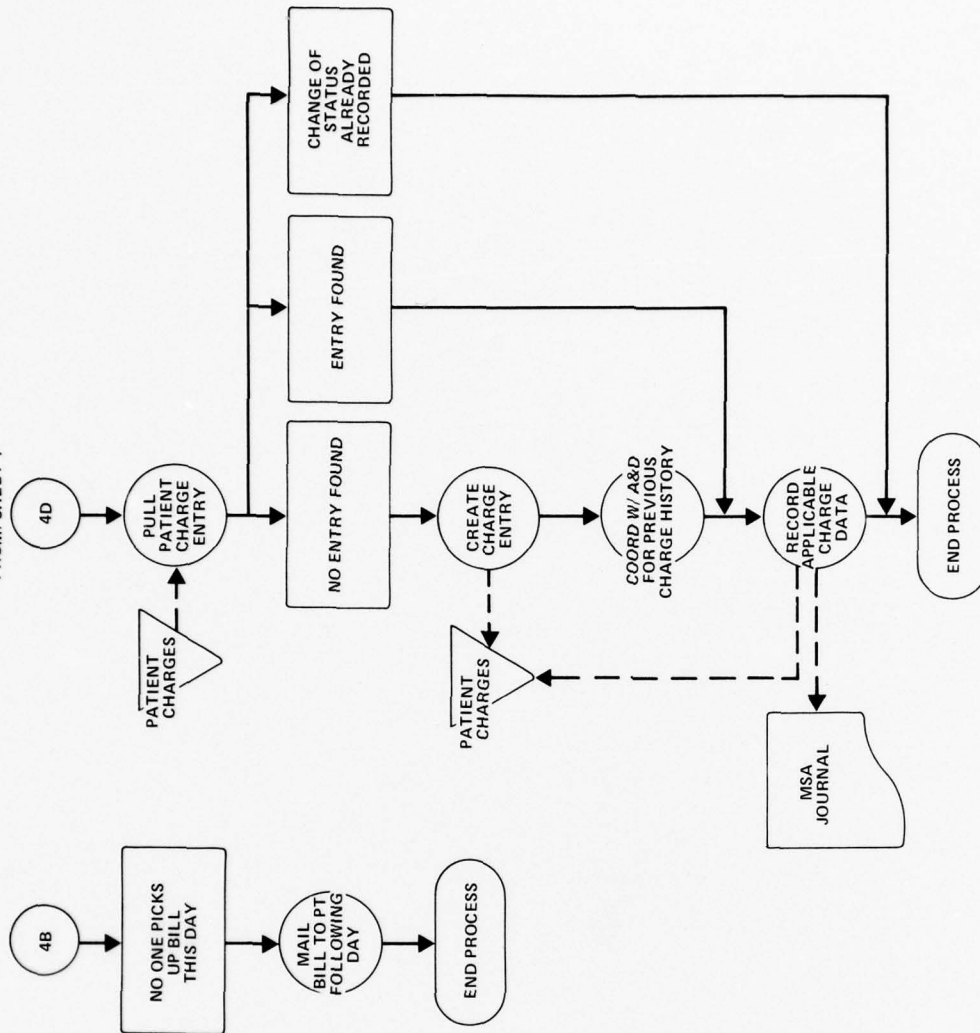


PATIENT ADMINISTRATION
MSA PATIENT ACCOUNTS RECEIVABLE
SHEET 3 OF 9 2 JAN 1976

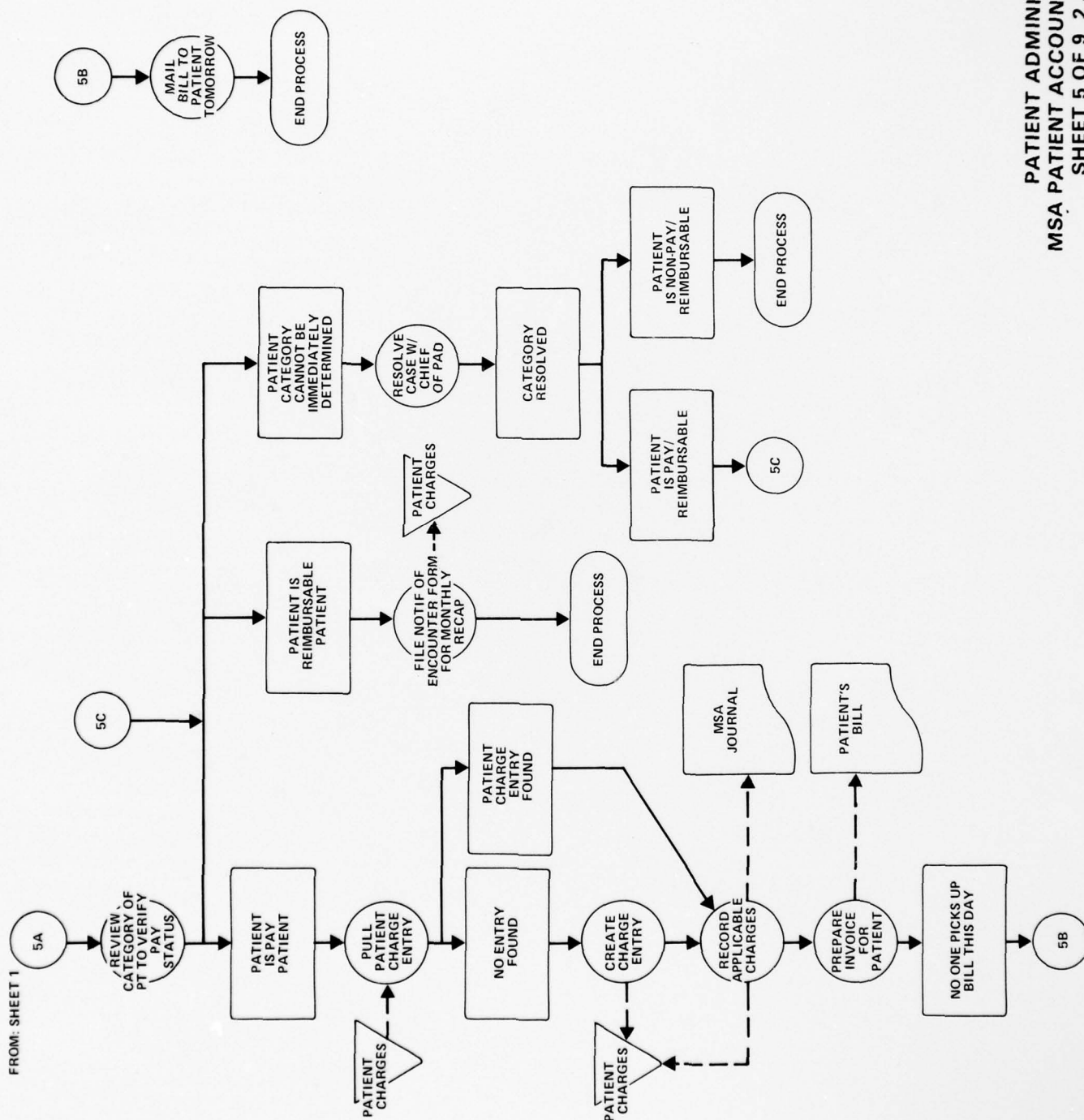
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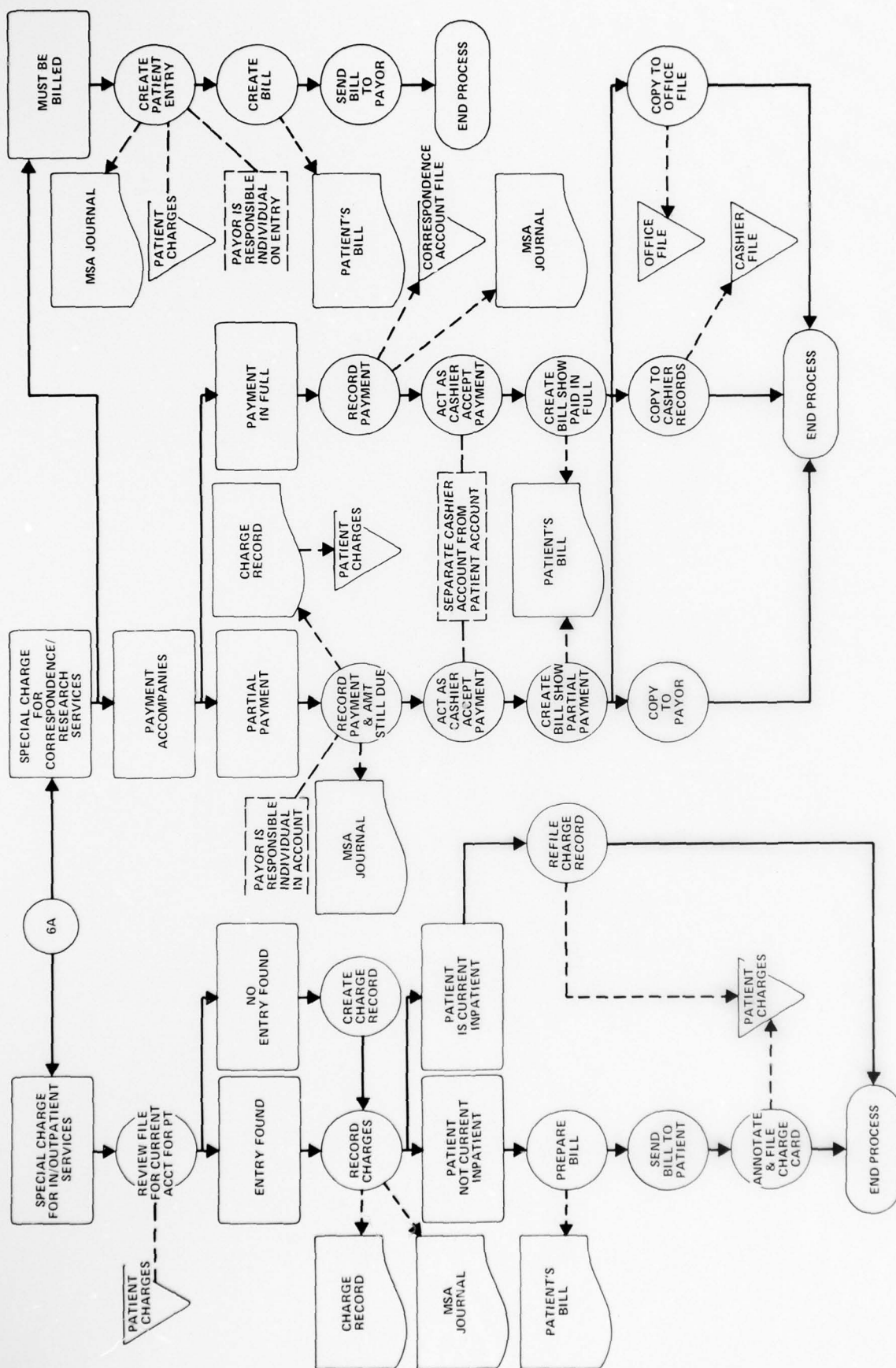


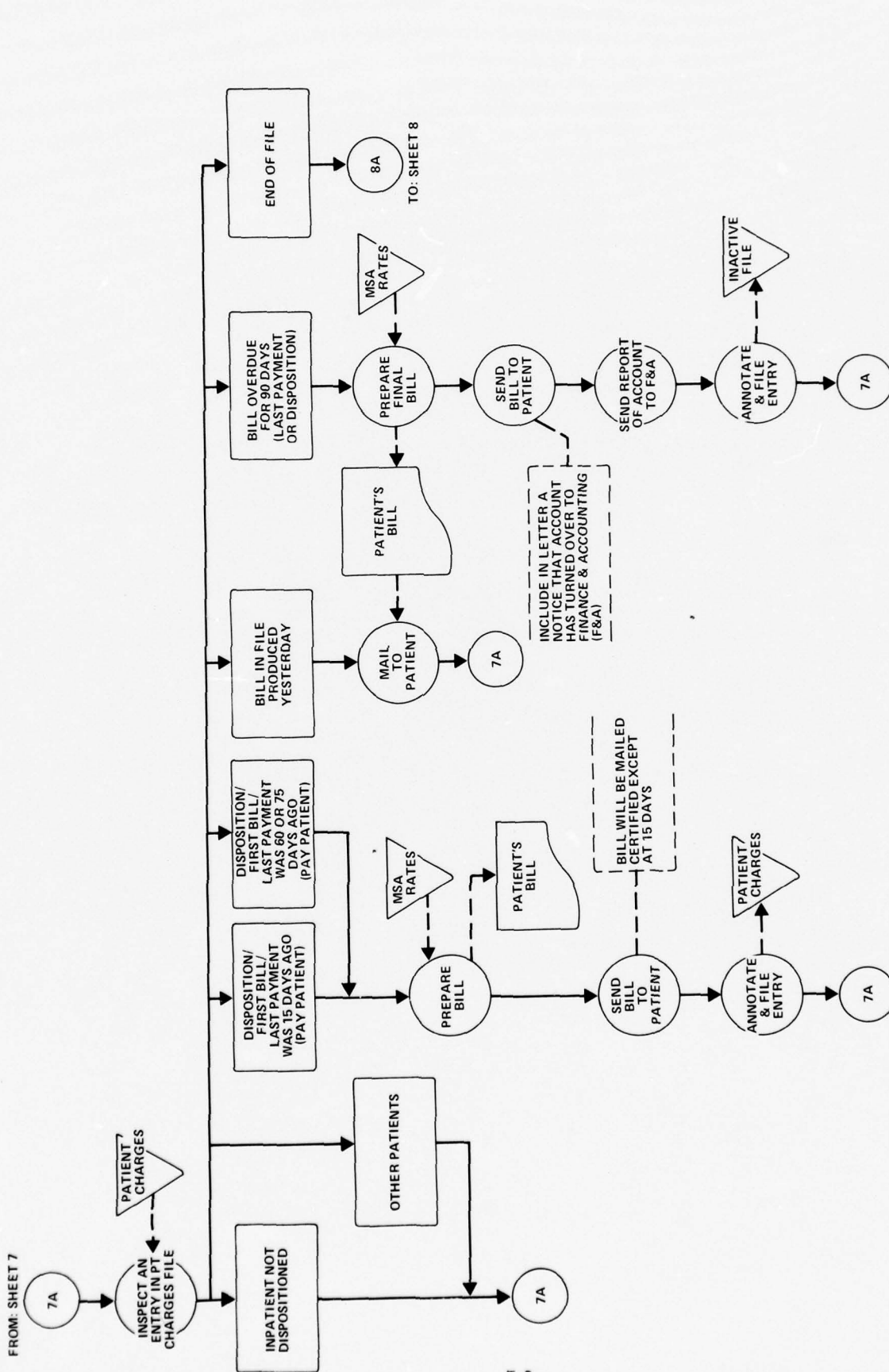
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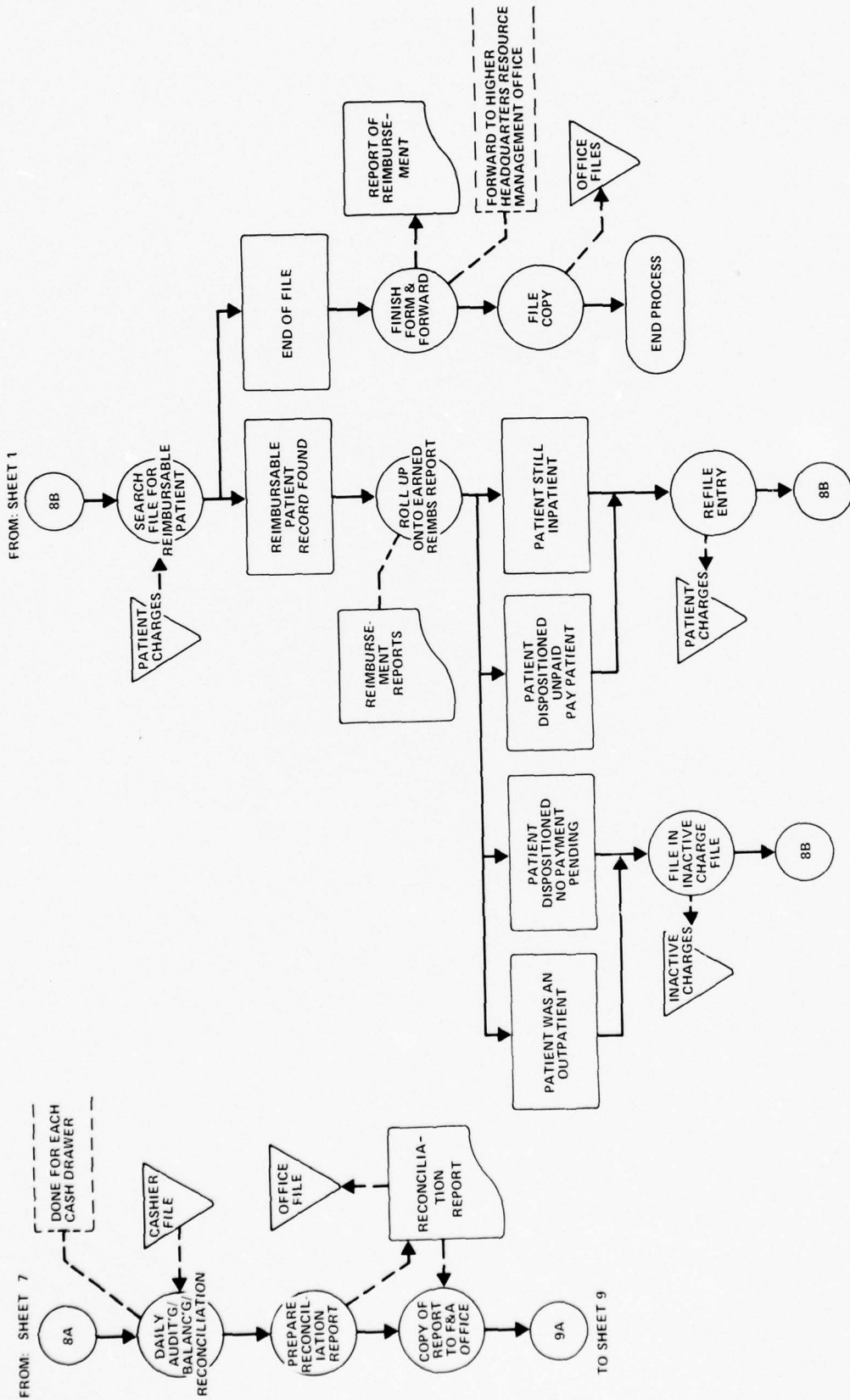
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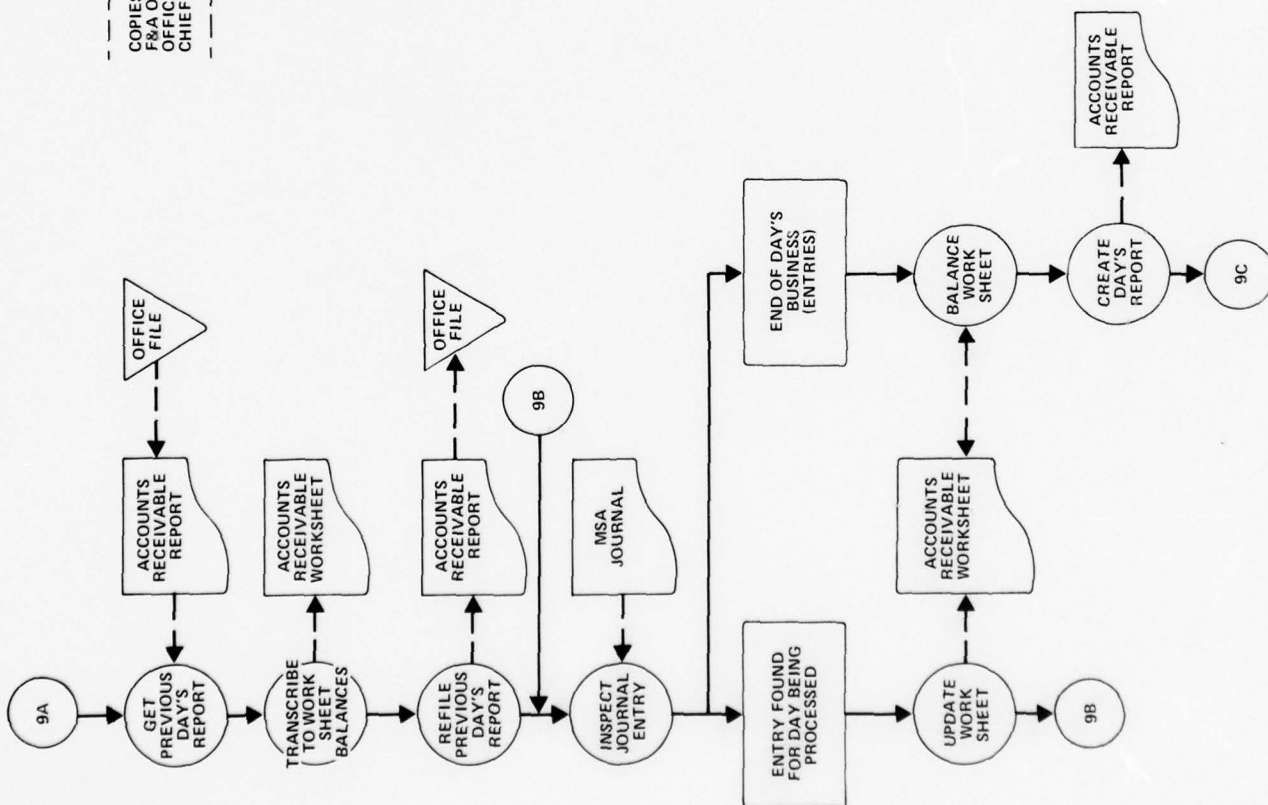
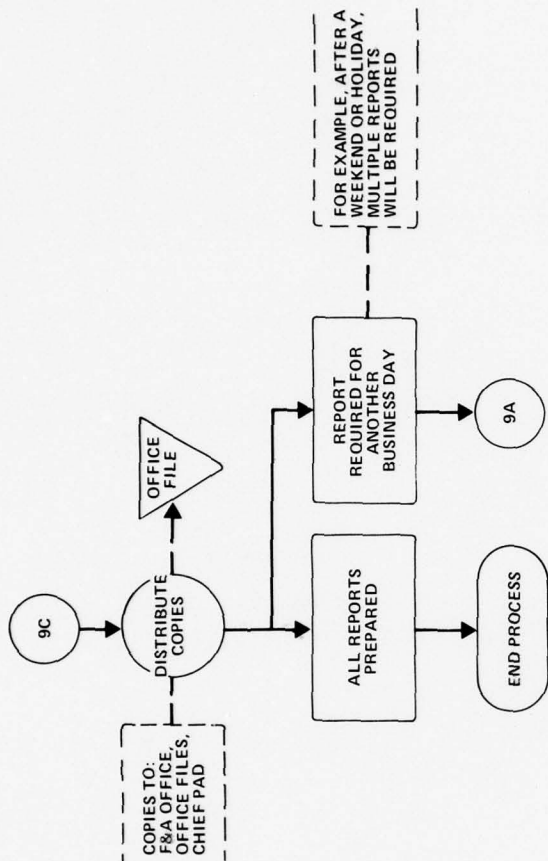


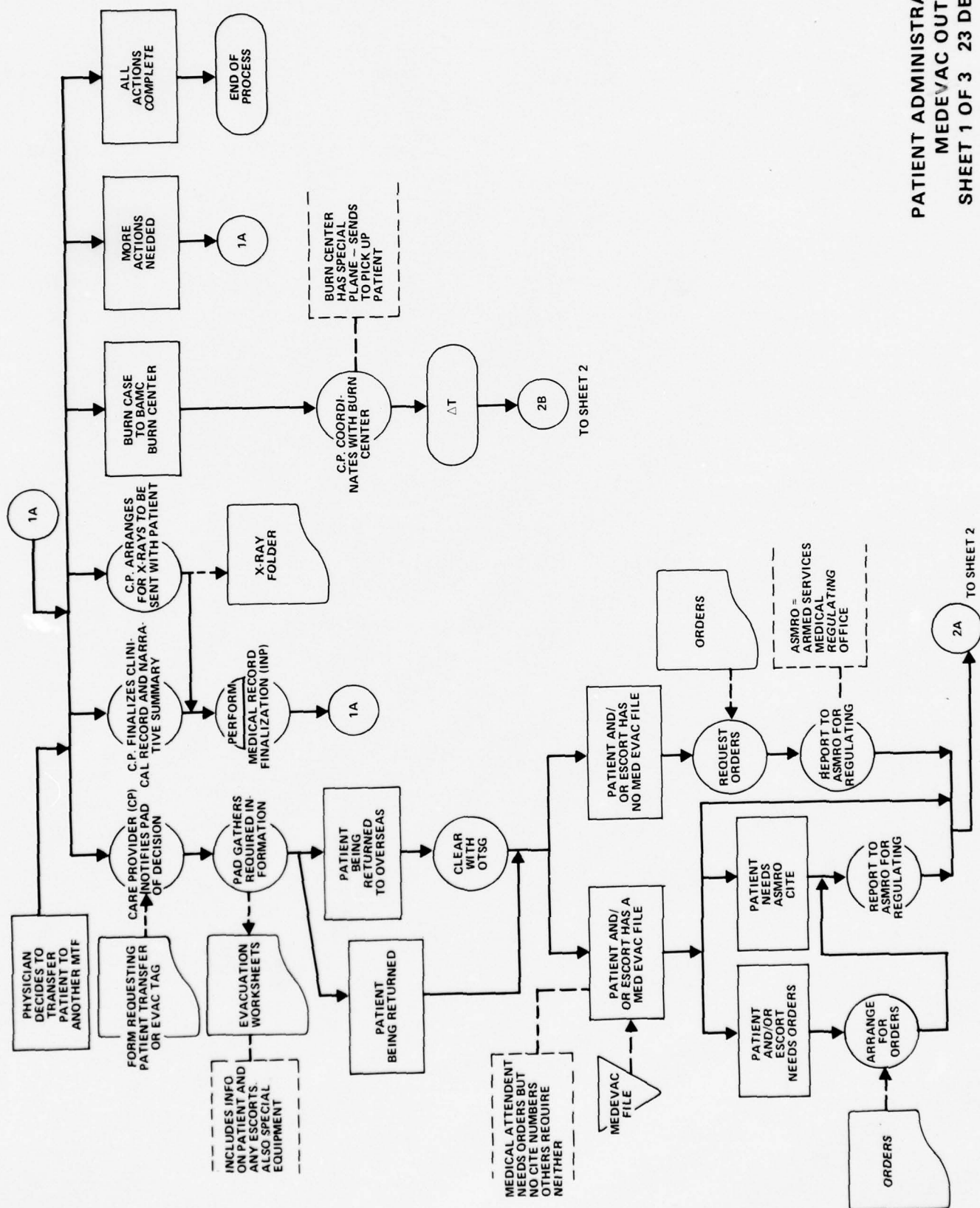


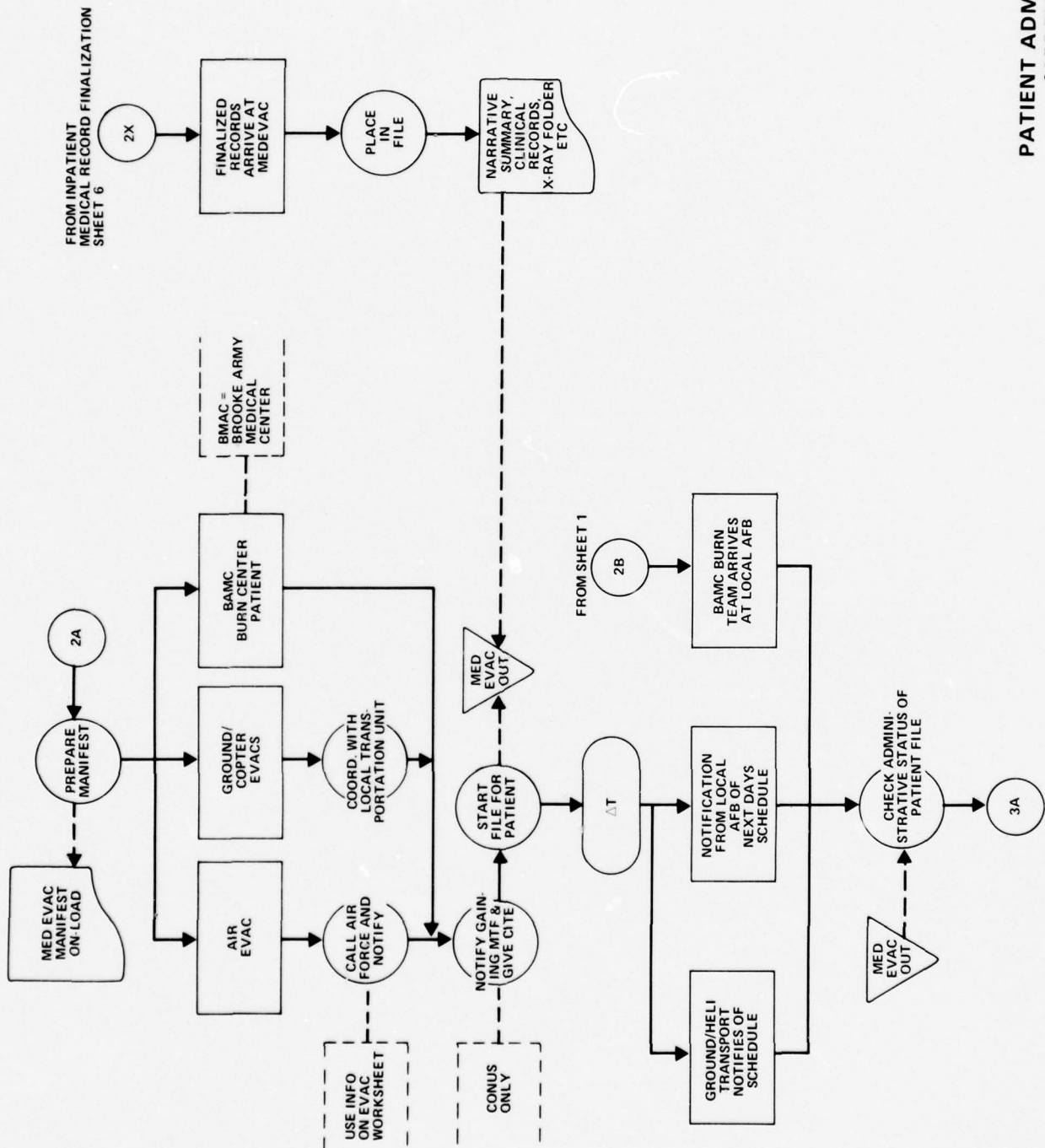


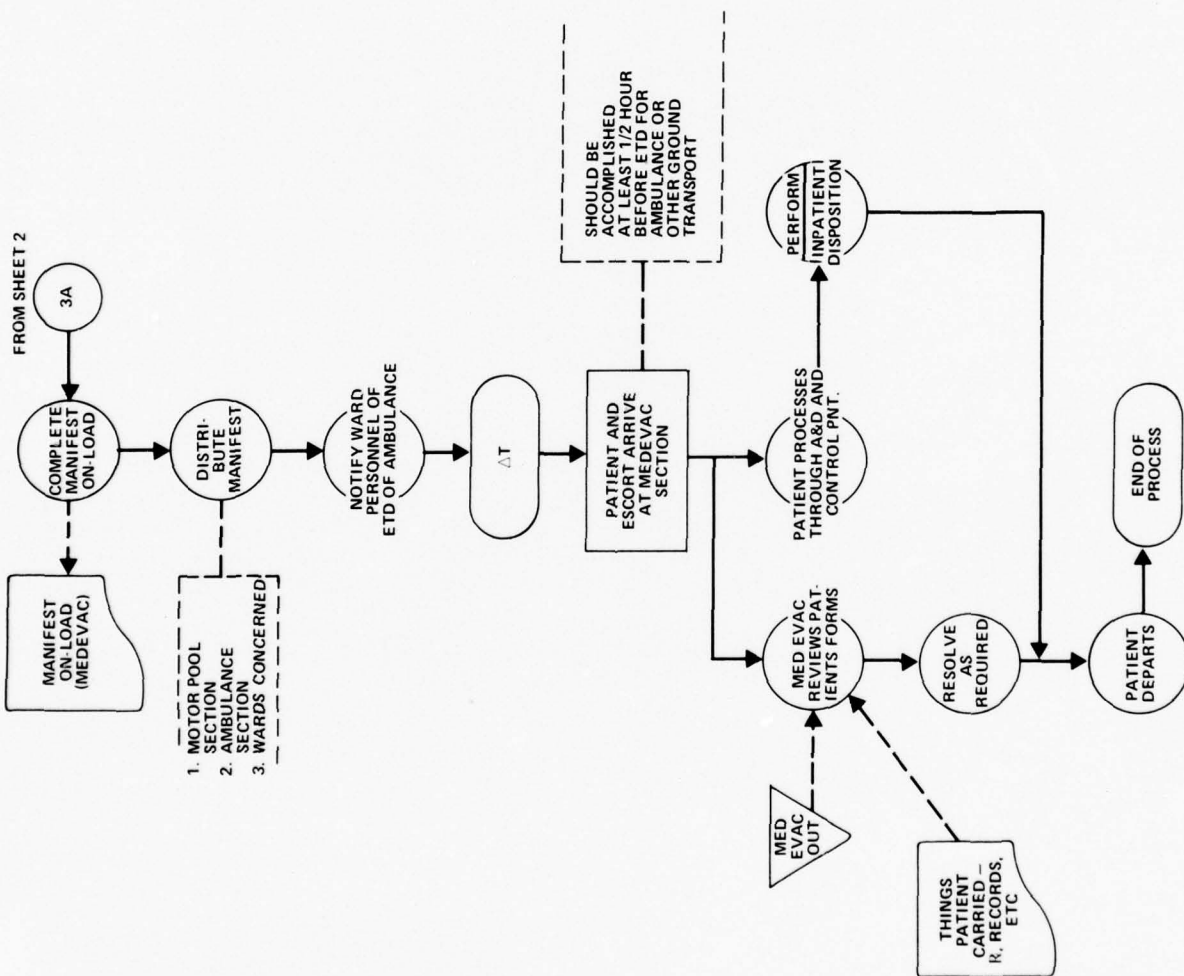
PATIENT ADMINISTRATION
MSA ACCOUNTS RECEIVABLE
SHEET 7 OF 9 2 JAN 1976

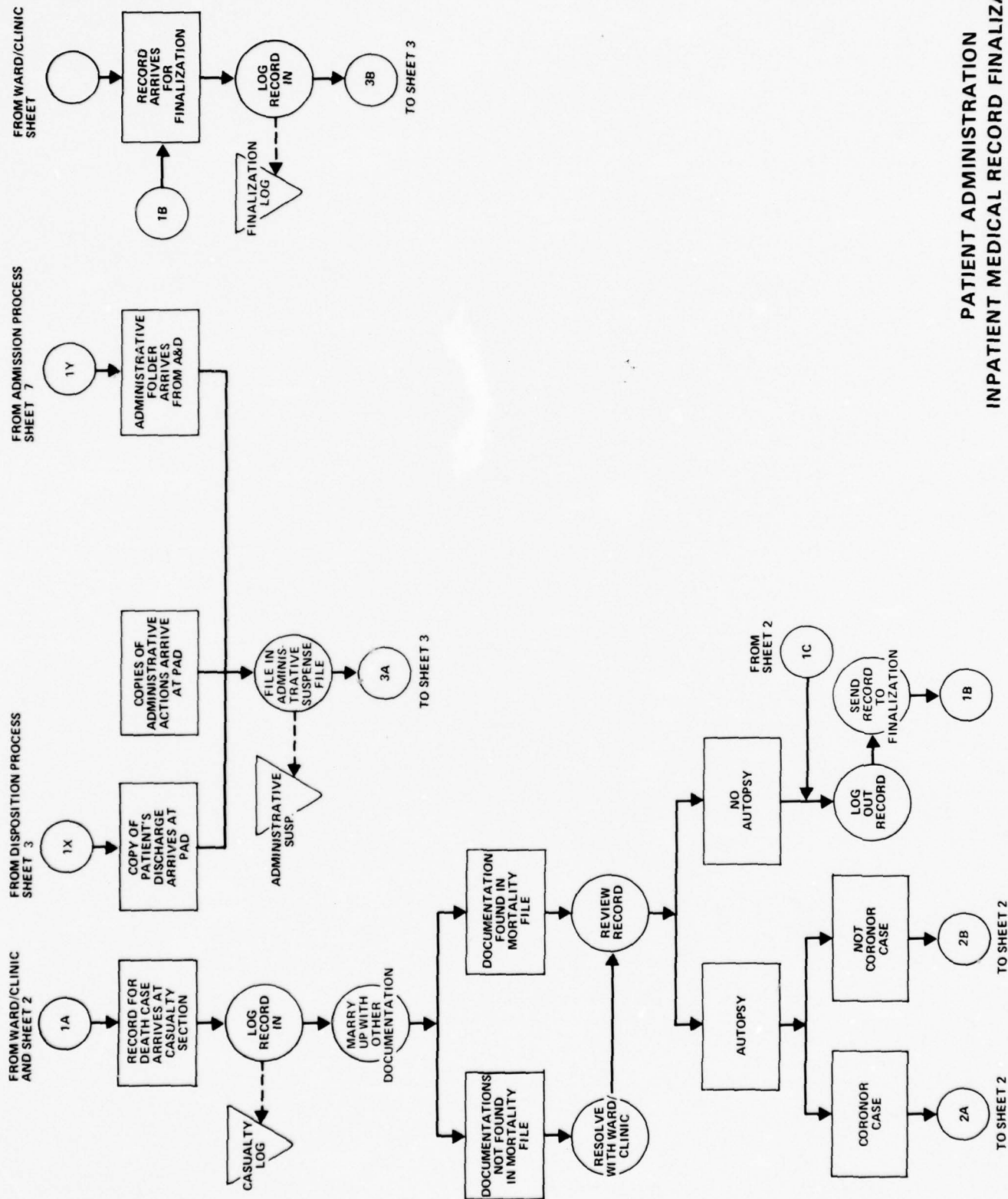


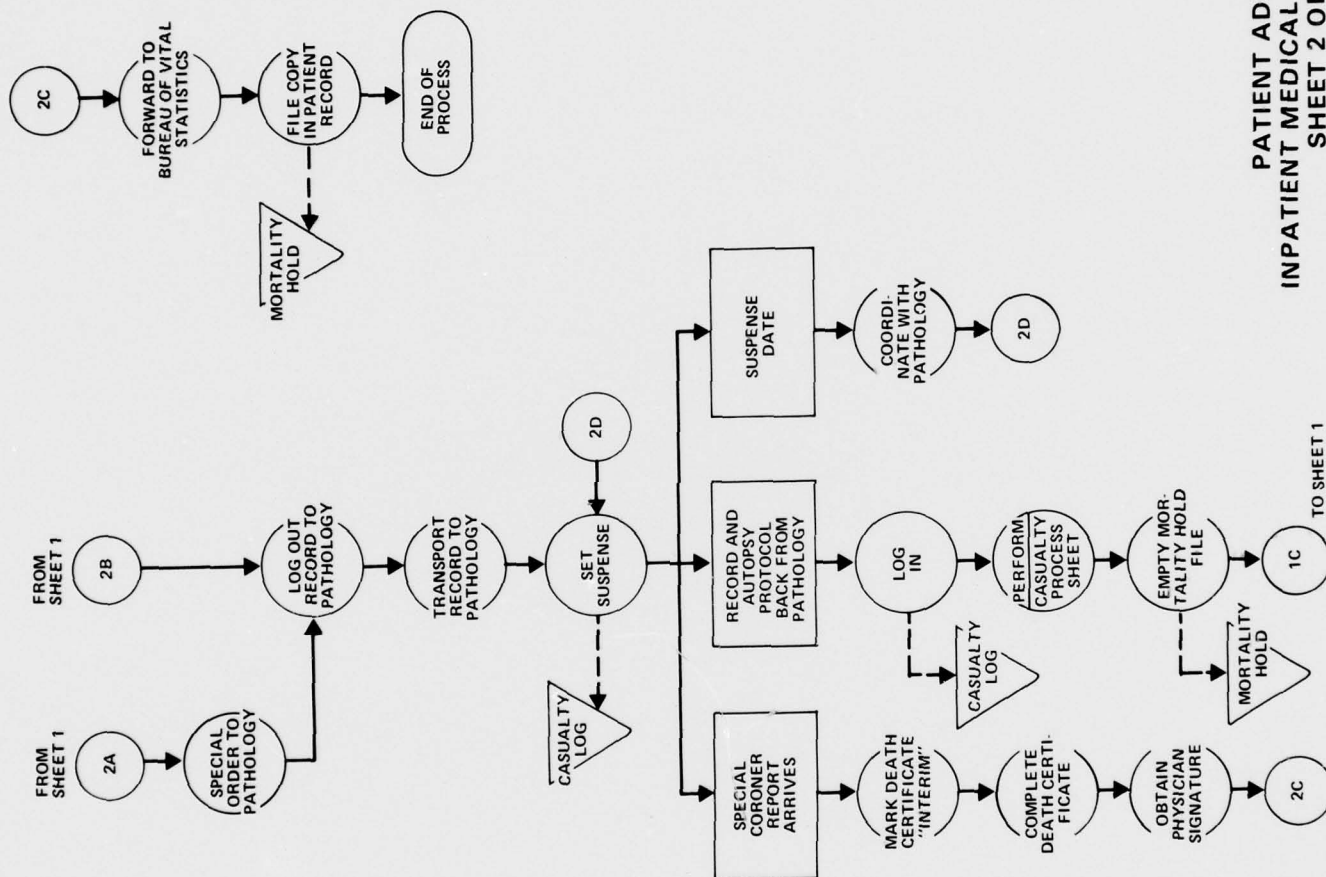






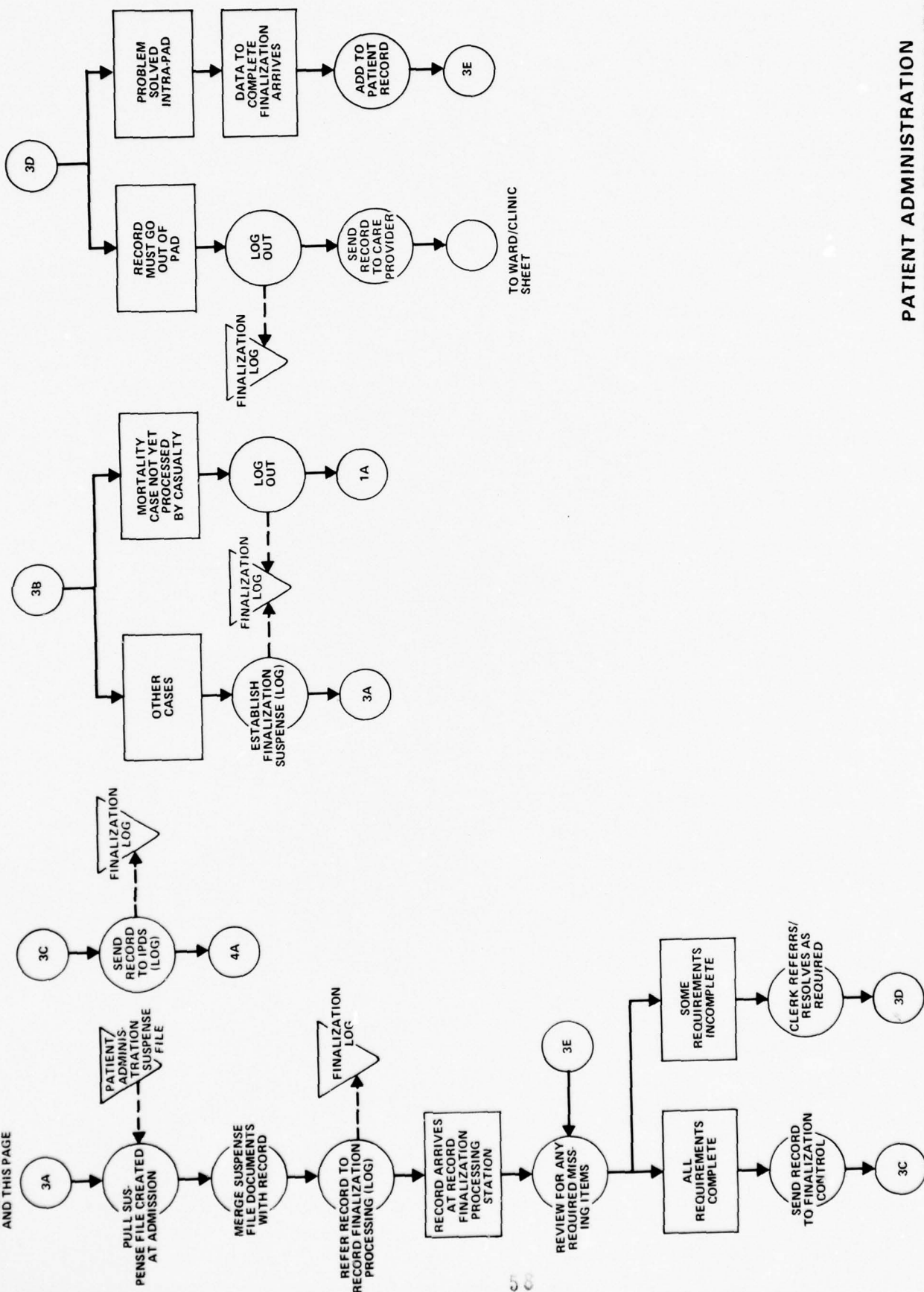


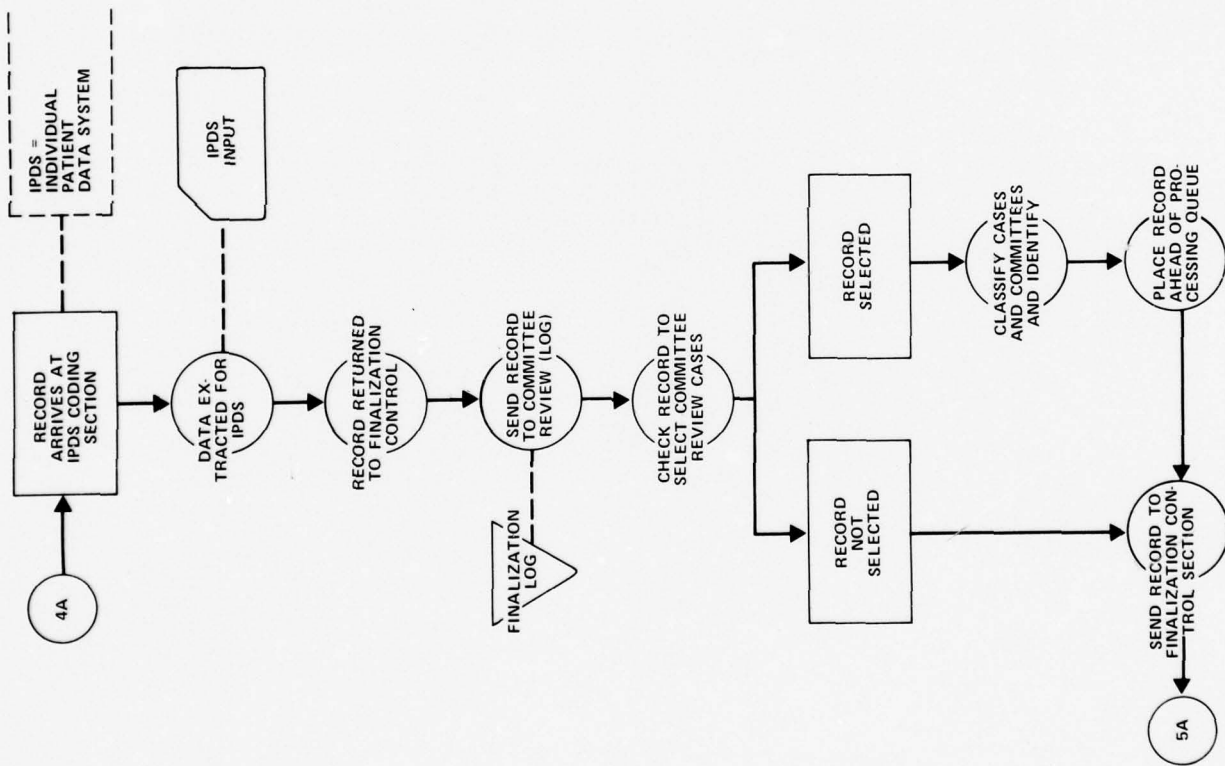


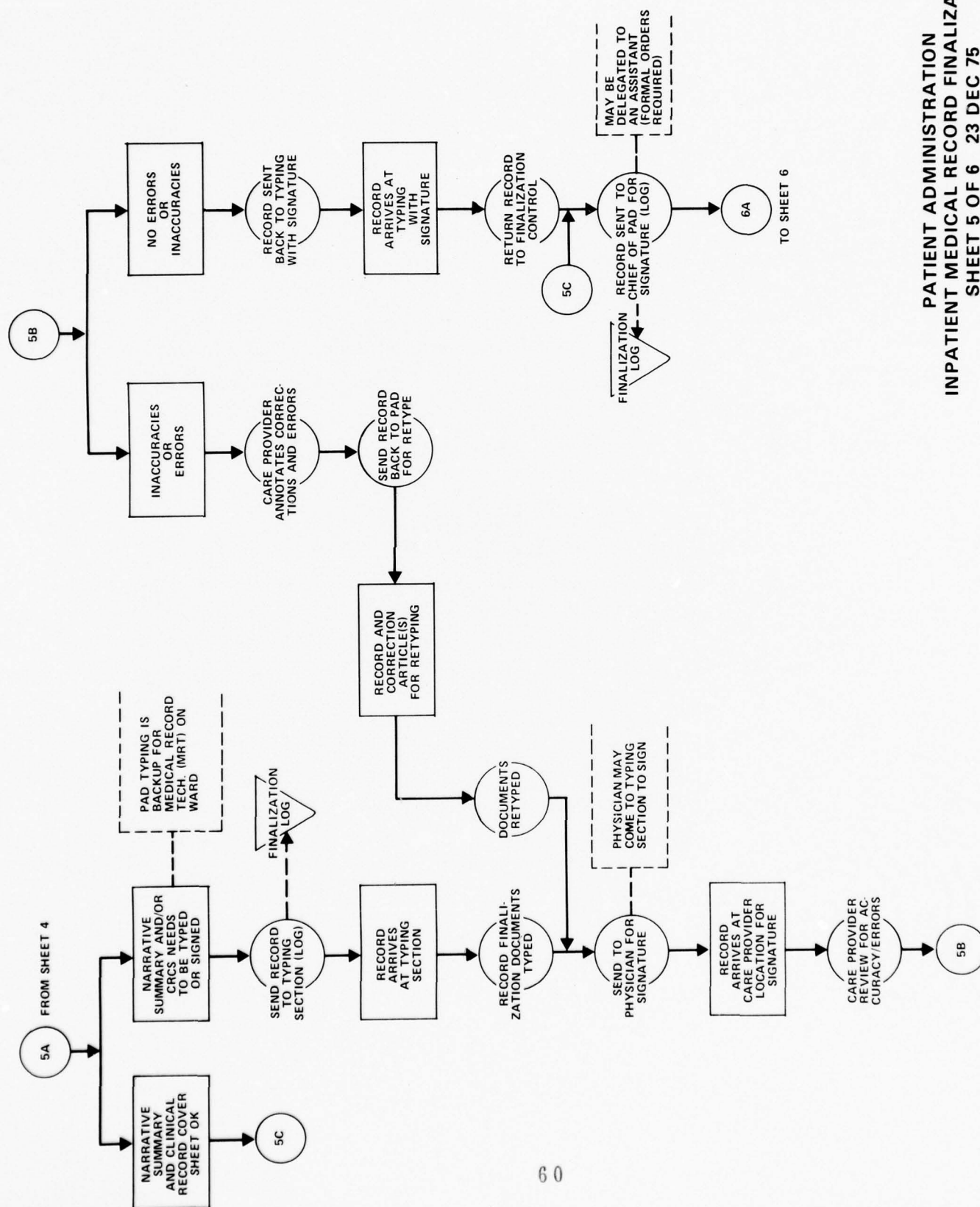


PATIENT ADMINISTRATION
INPATIENT MEDICAL RECORD FINALIZATION
SHEET 2 OF 6 23 DEC 75

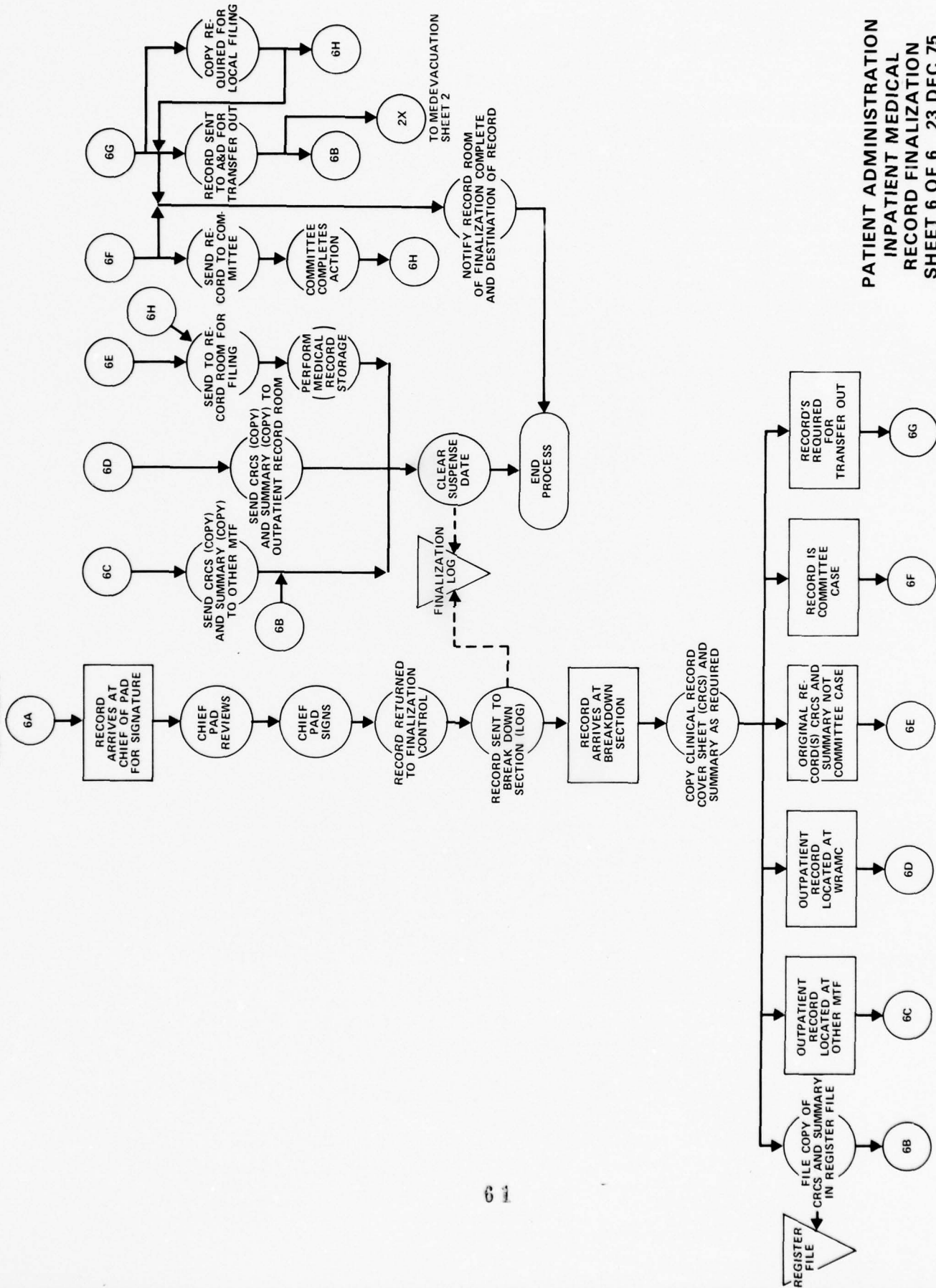
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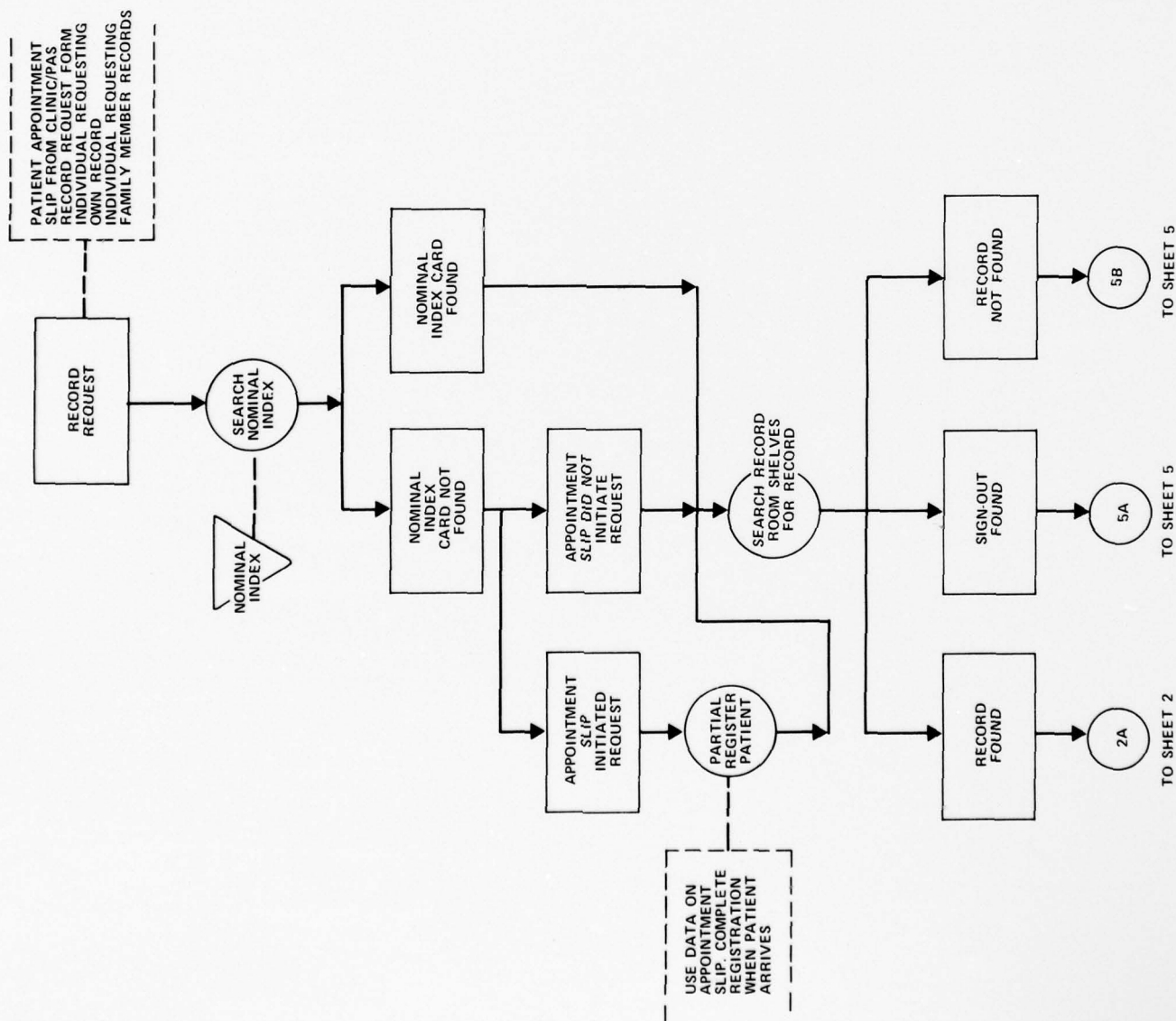


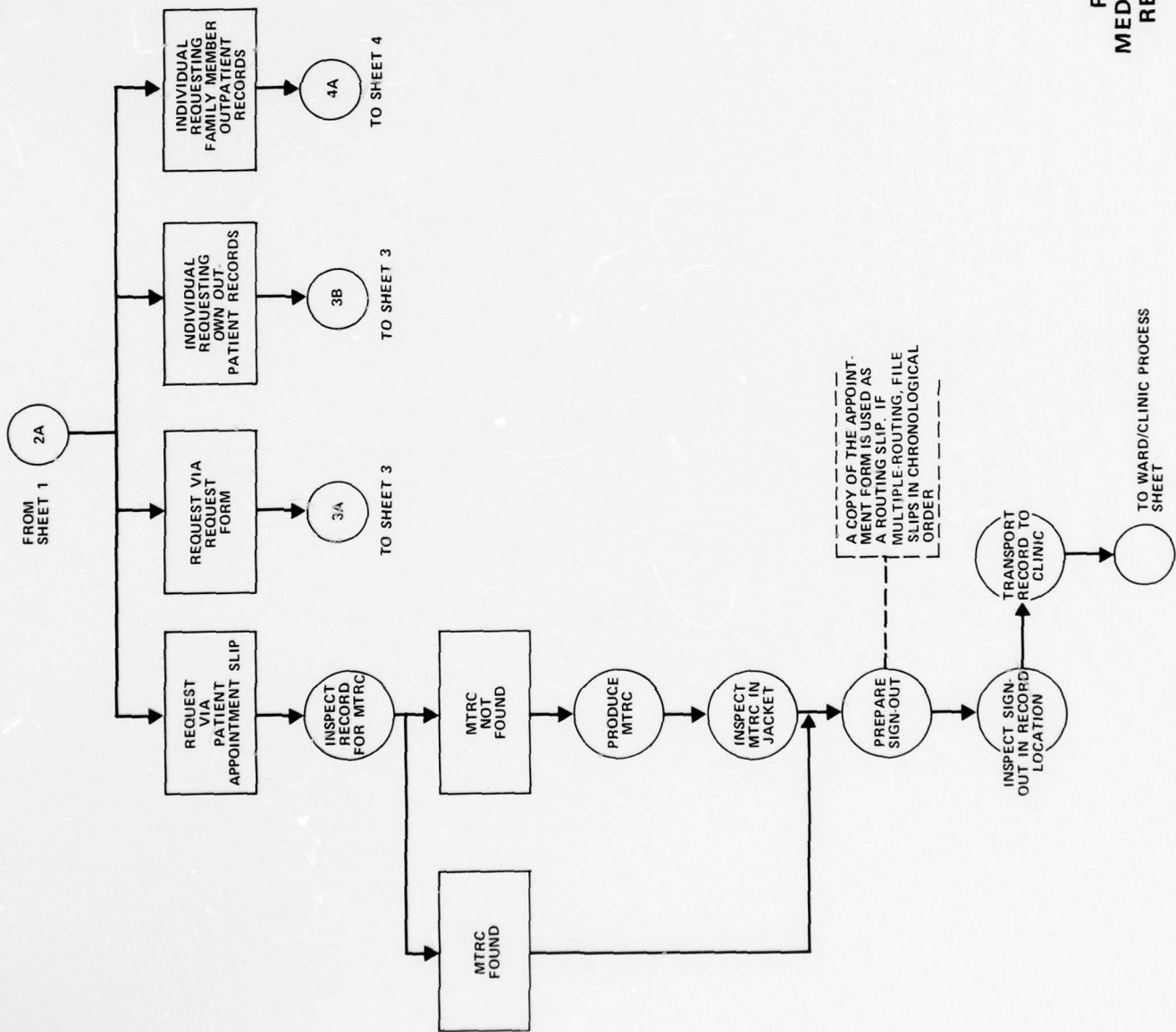


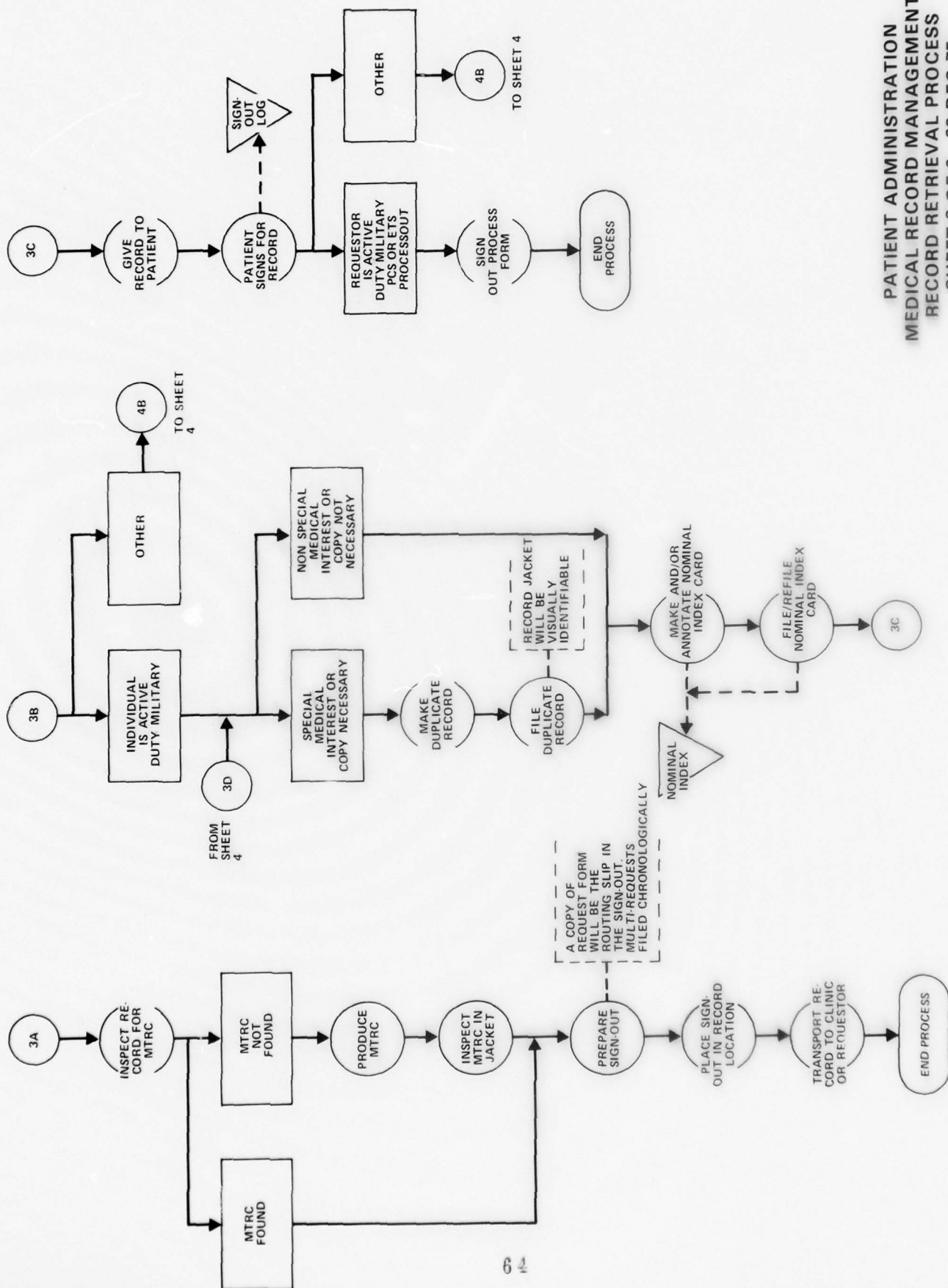
FROM SHEET 5



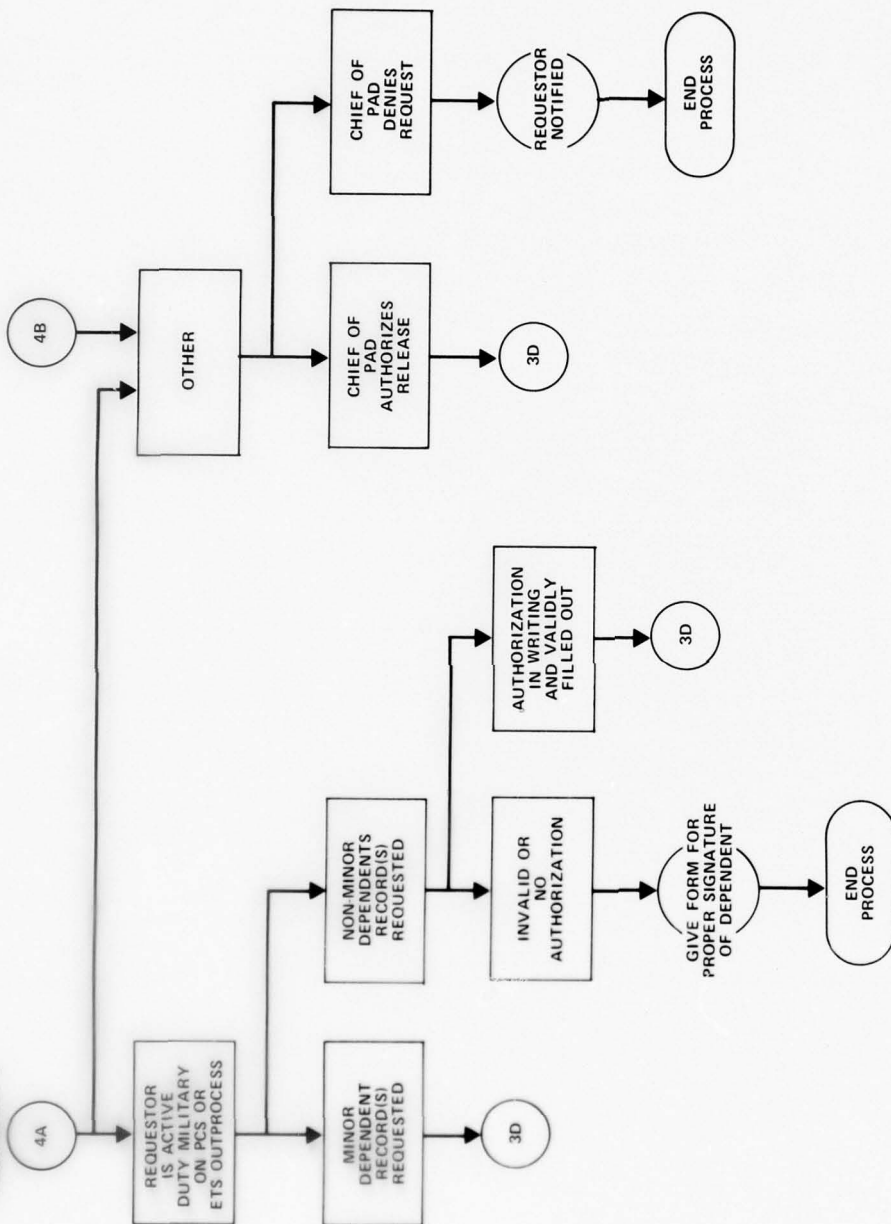
PATIENT ADMINISTRATION
INPATIENT MEDICAL
RECORD FINALIZATION
SHEET 6 OF 6 23 DEC 75

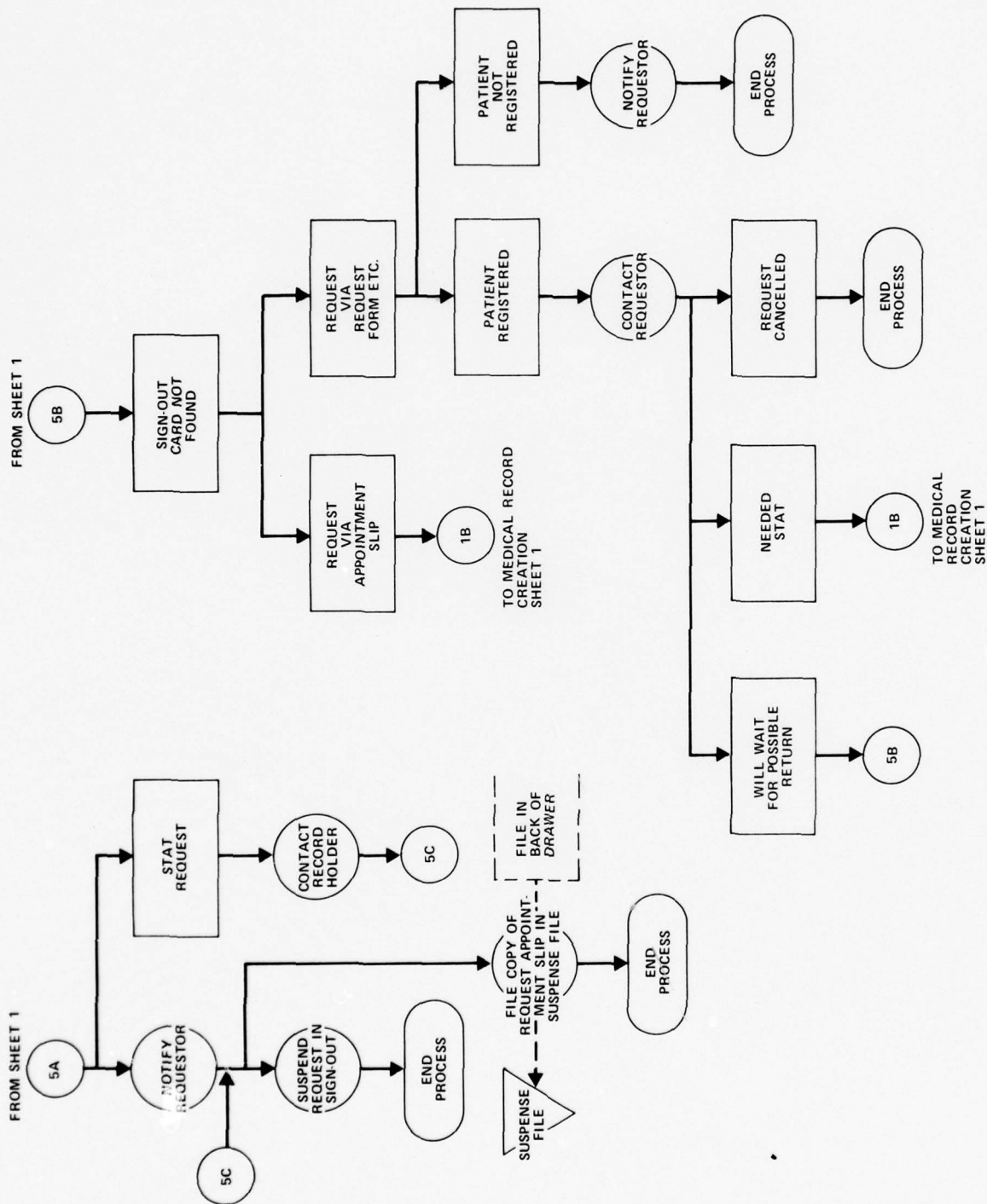




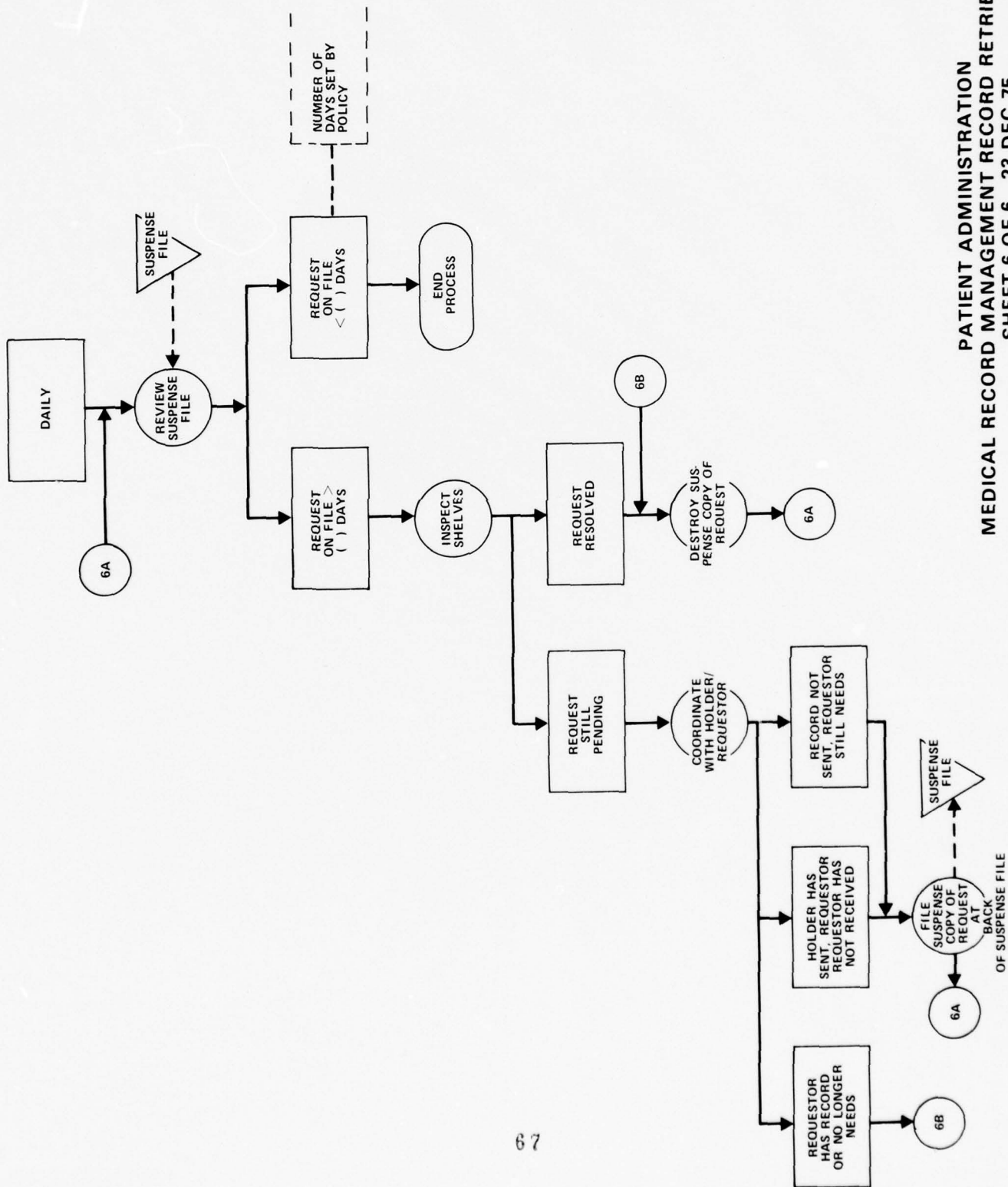


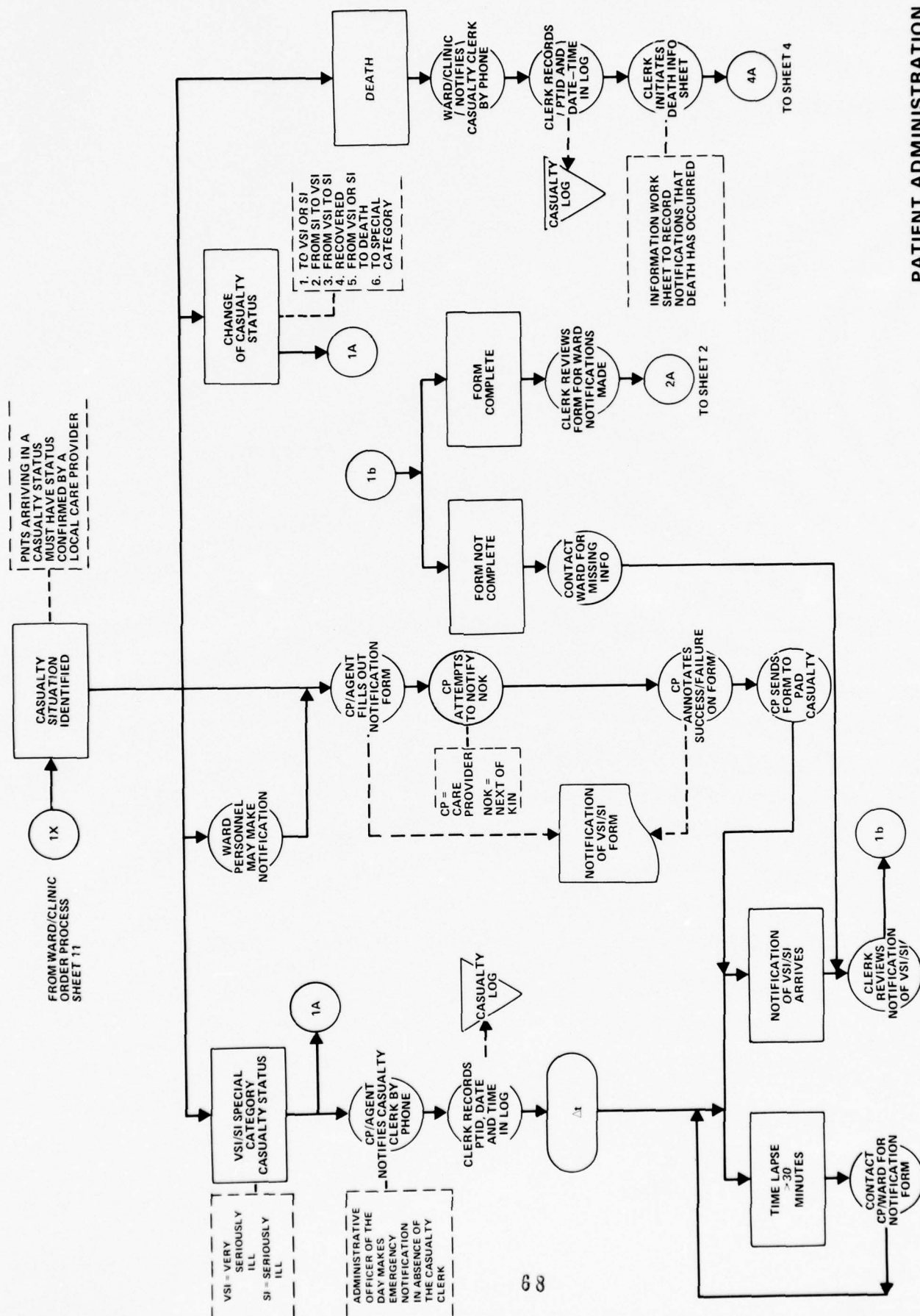
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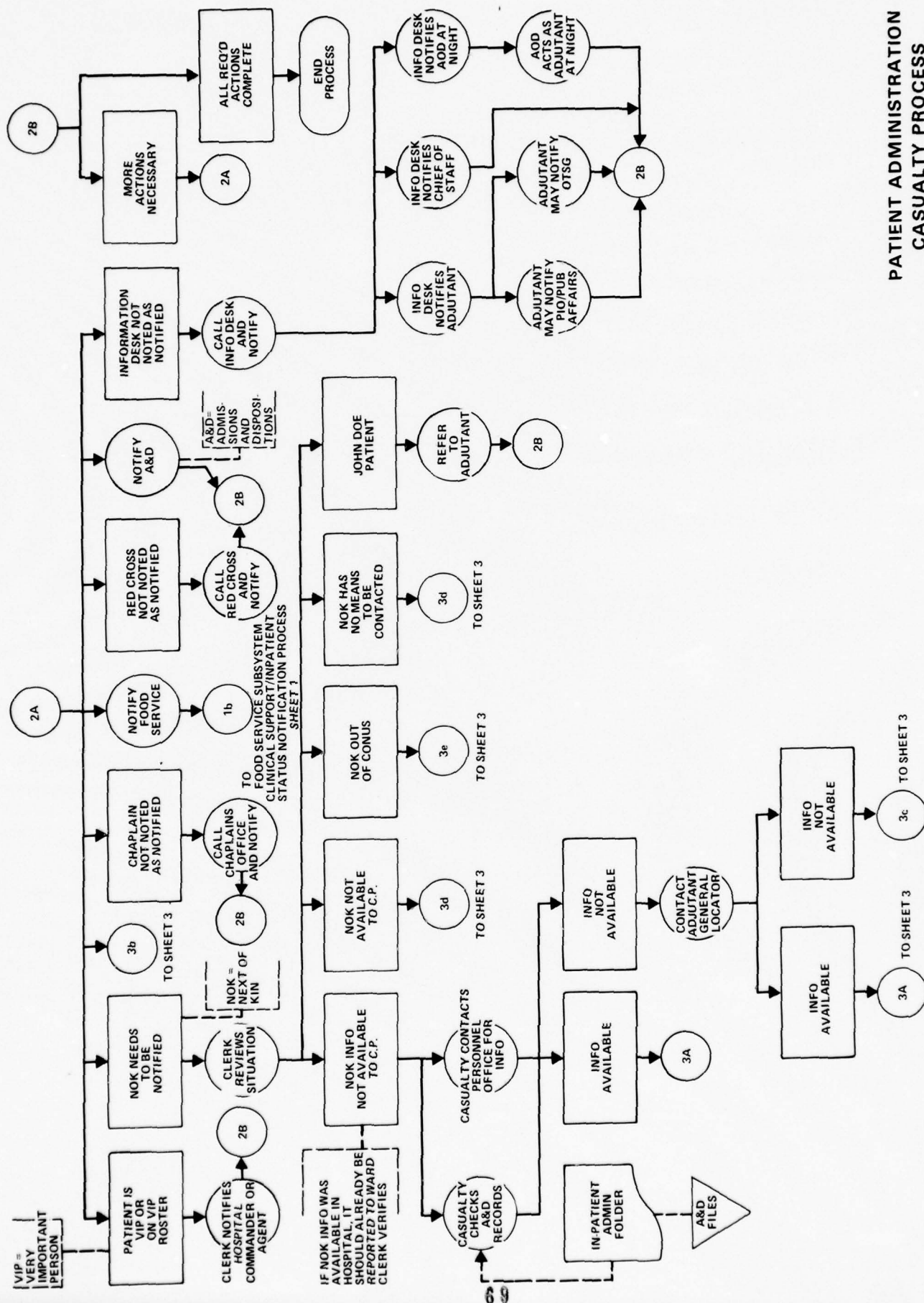


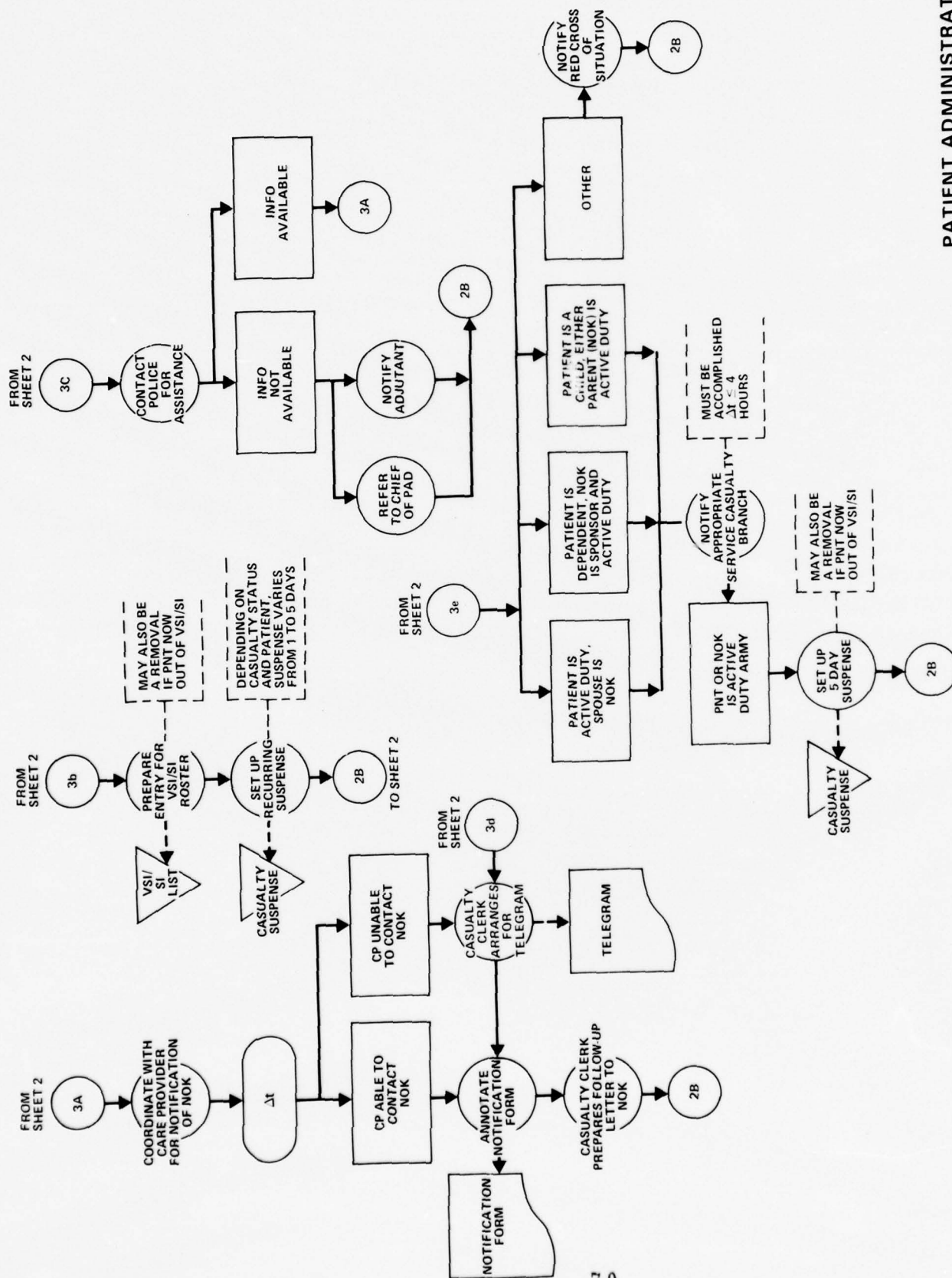


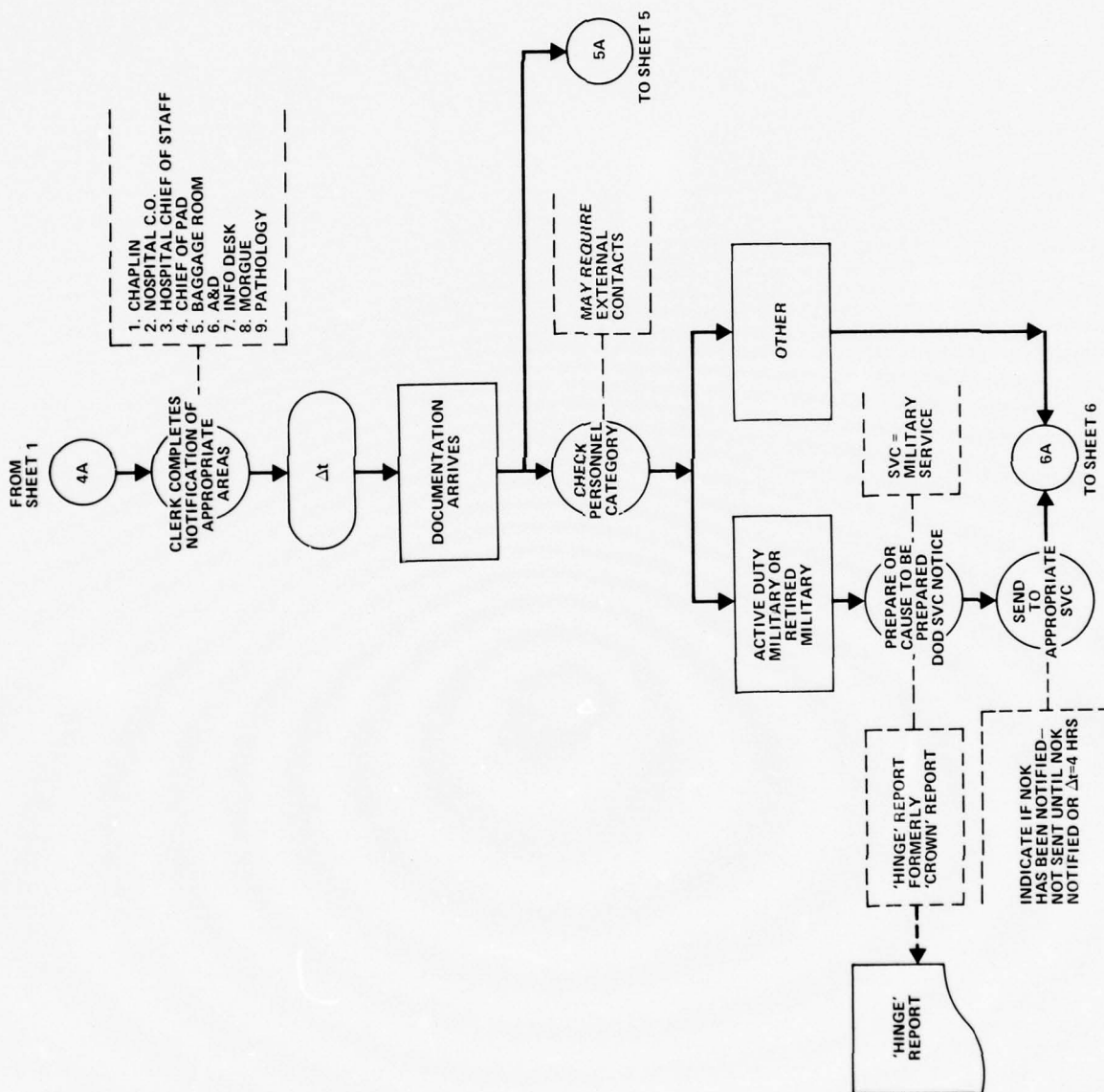
PATIENT ADMINISTRATION
 MEDICAL RECORD MANAGEMENT
 RECORD RETRIEVAL PROCESS
 SHEET 5 OF 6 23 DEC 75





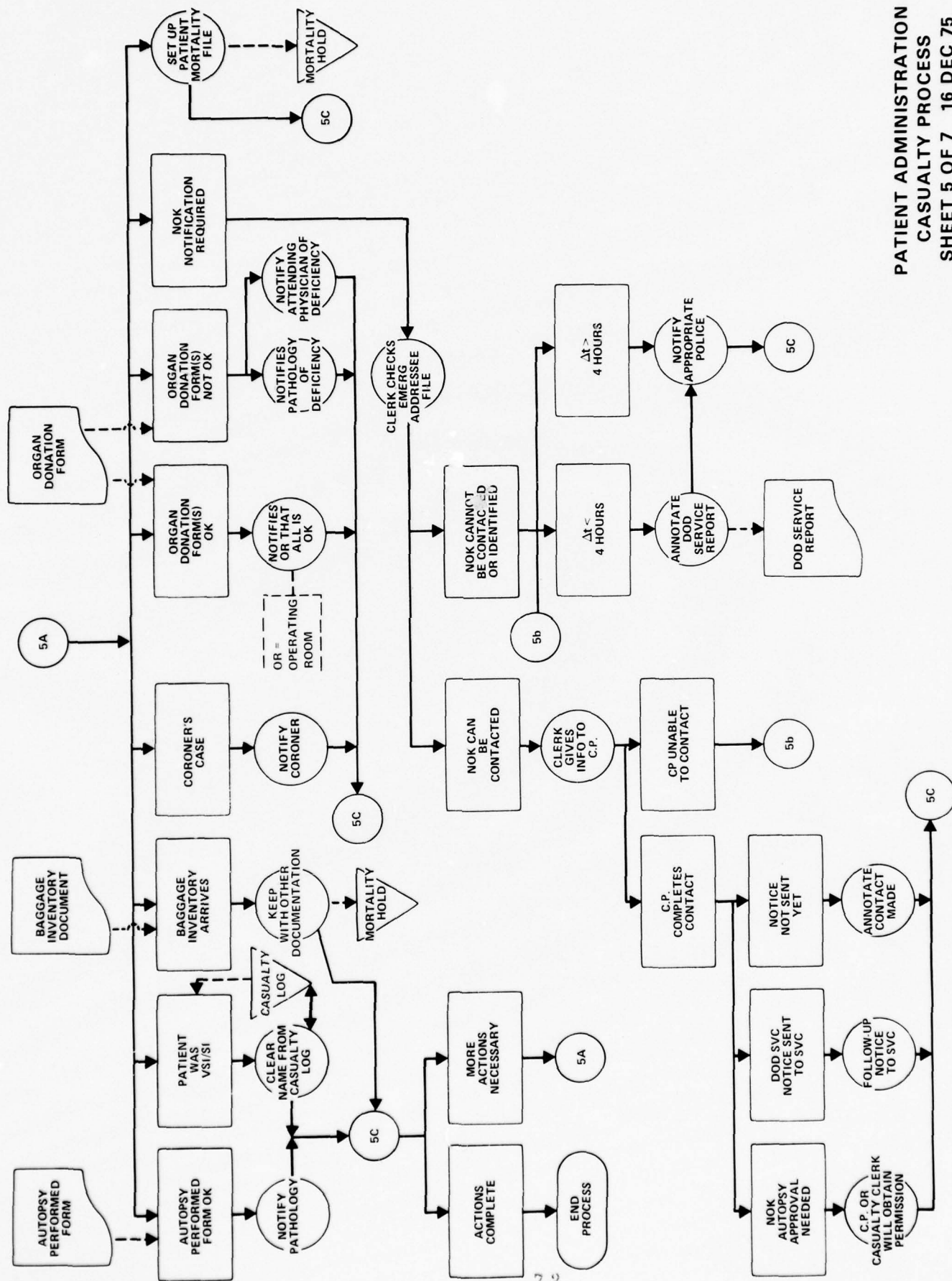


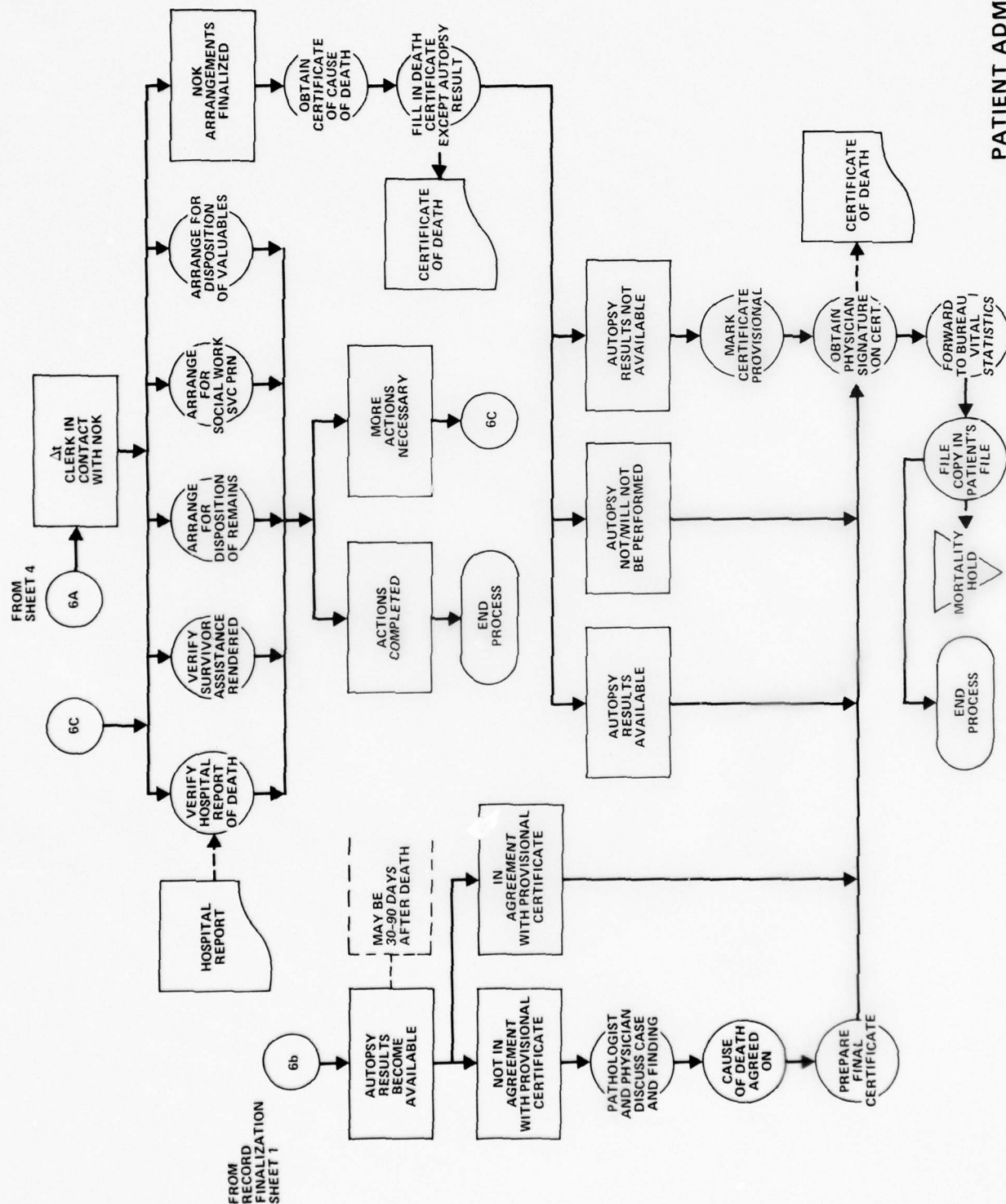




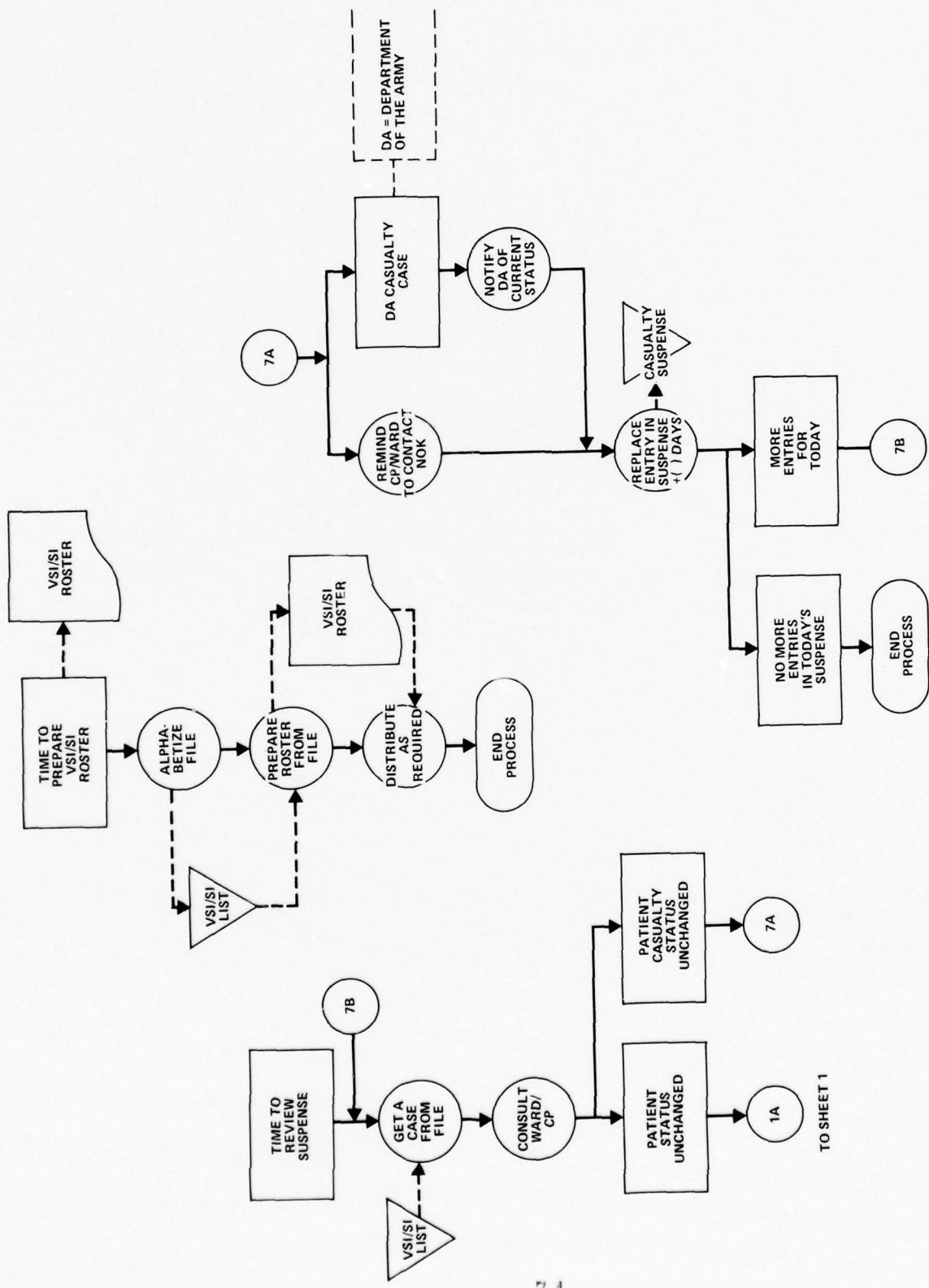
PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 4 OF 7 16 DEC 75

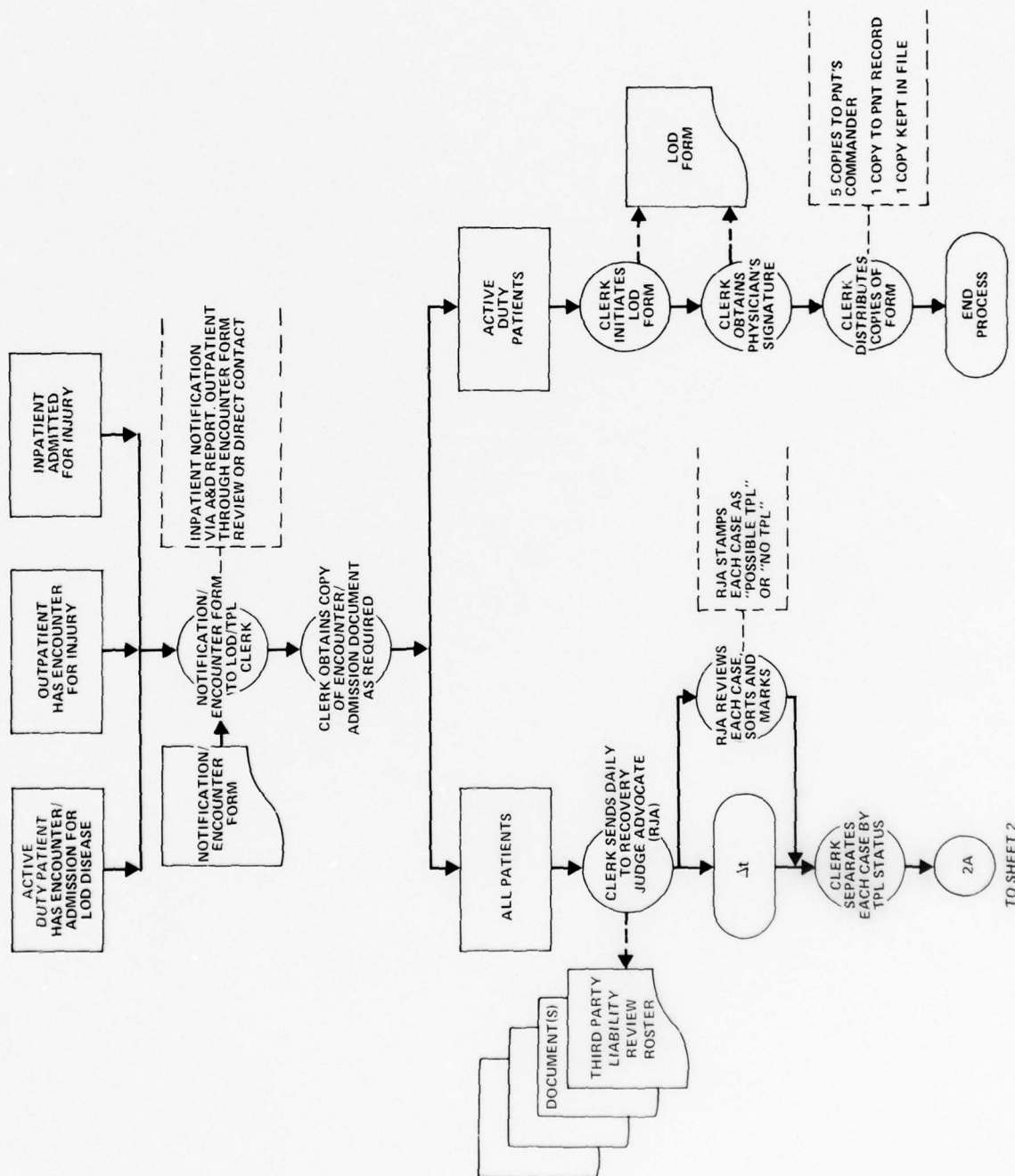
PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 5 OF 7 16 DEC 75

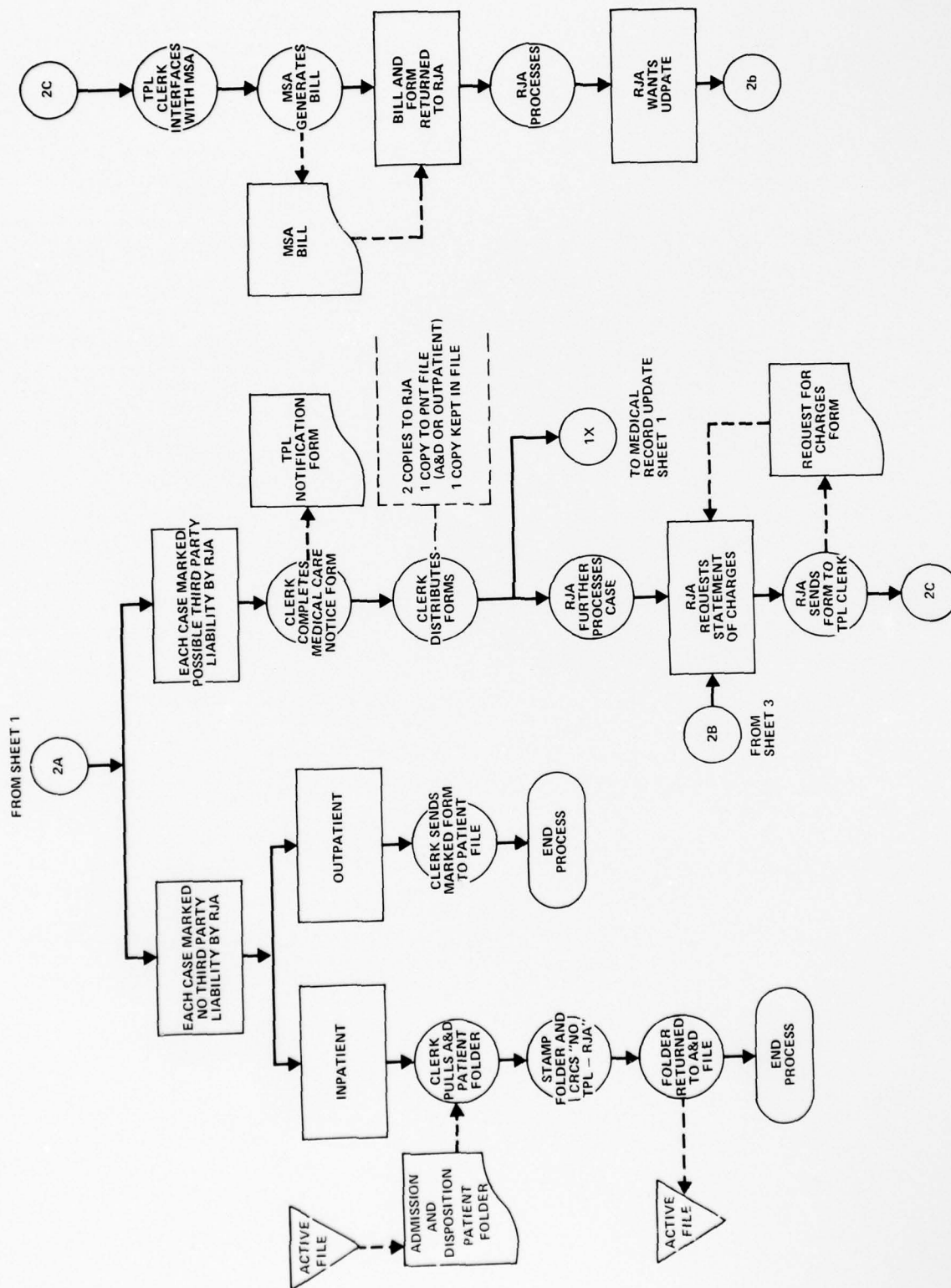




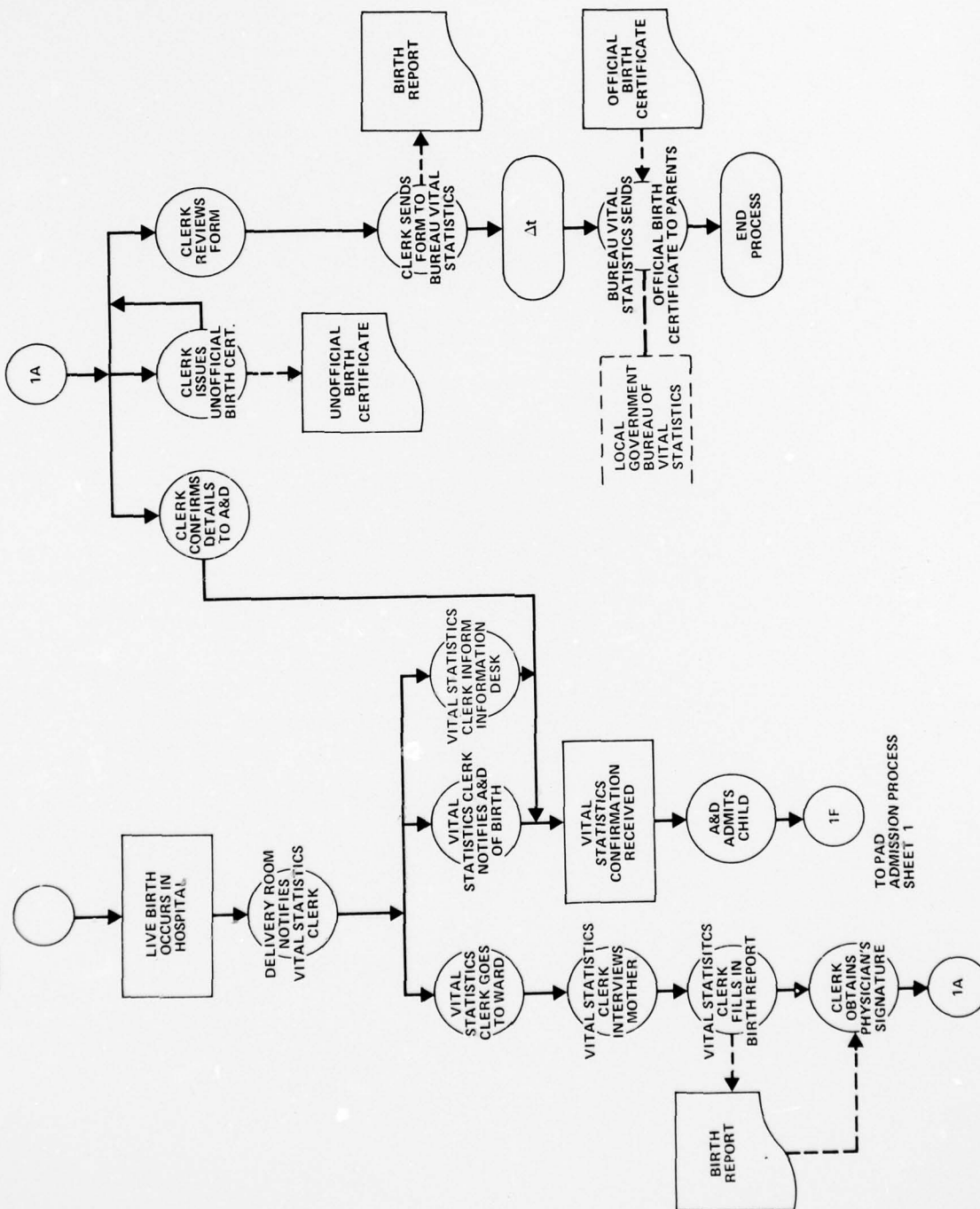
PATIENT ADMINISTRATION
CASUALTY PROCESS
SHEET 6 OF 7 16 DEC 75



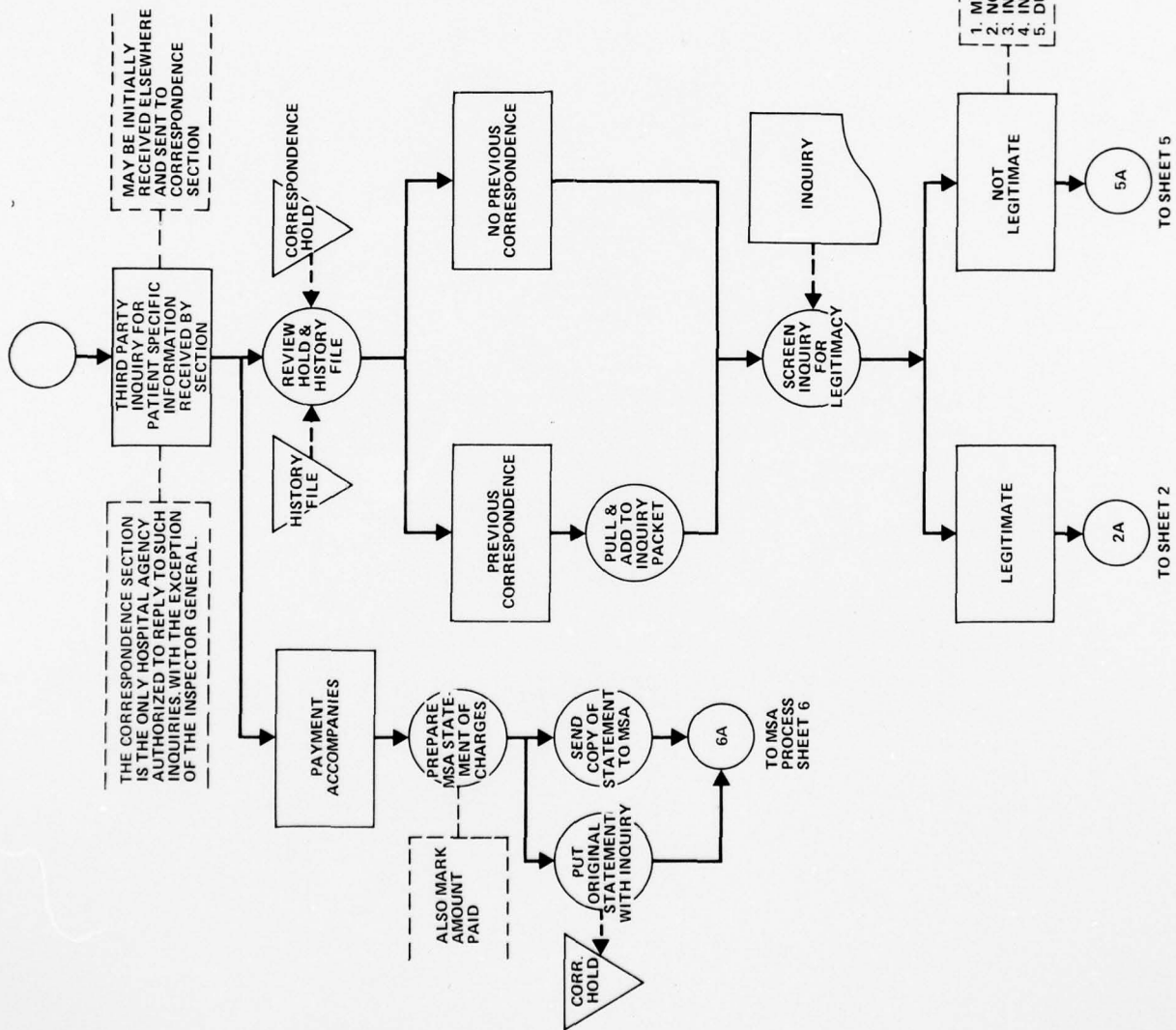




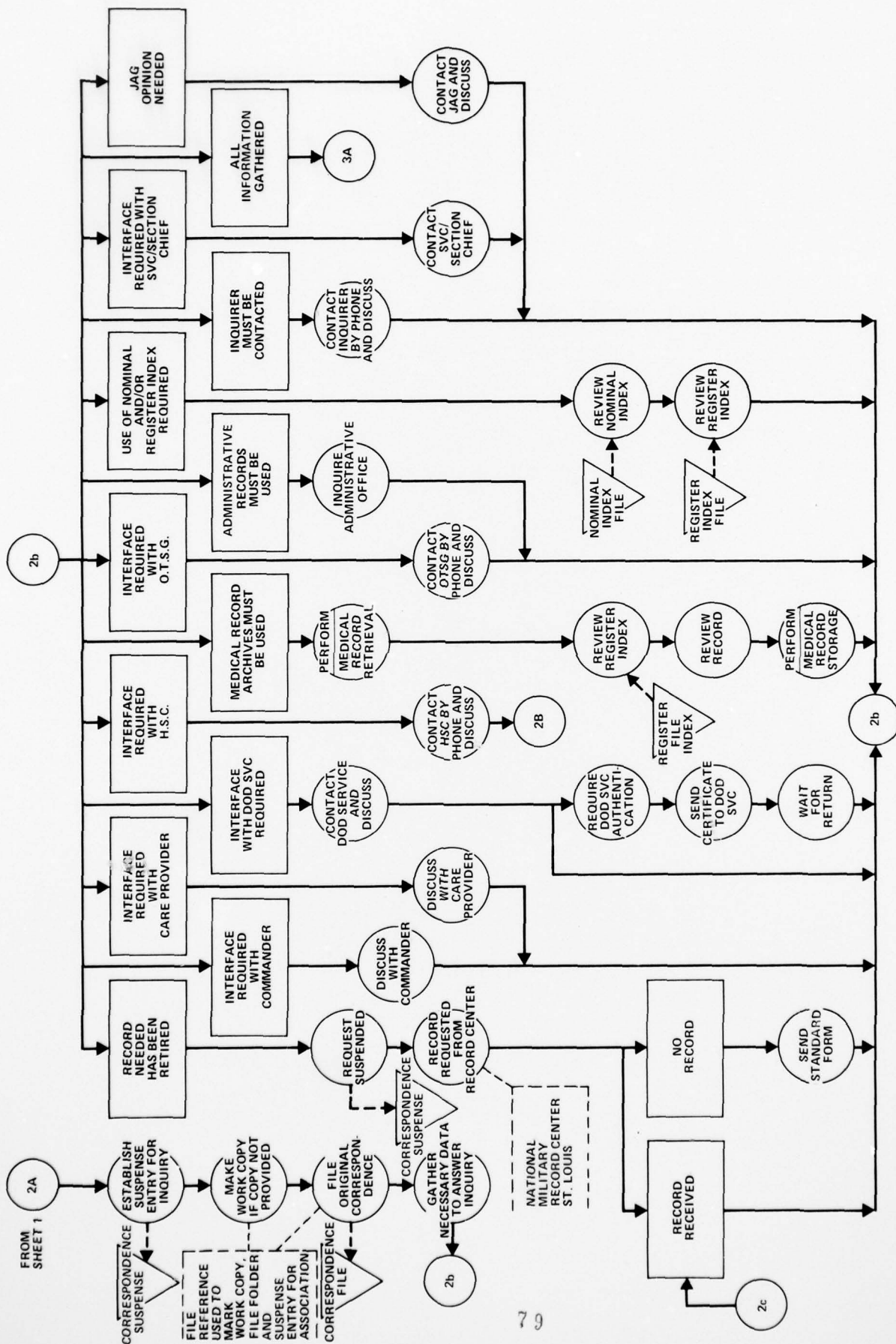
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SHEET

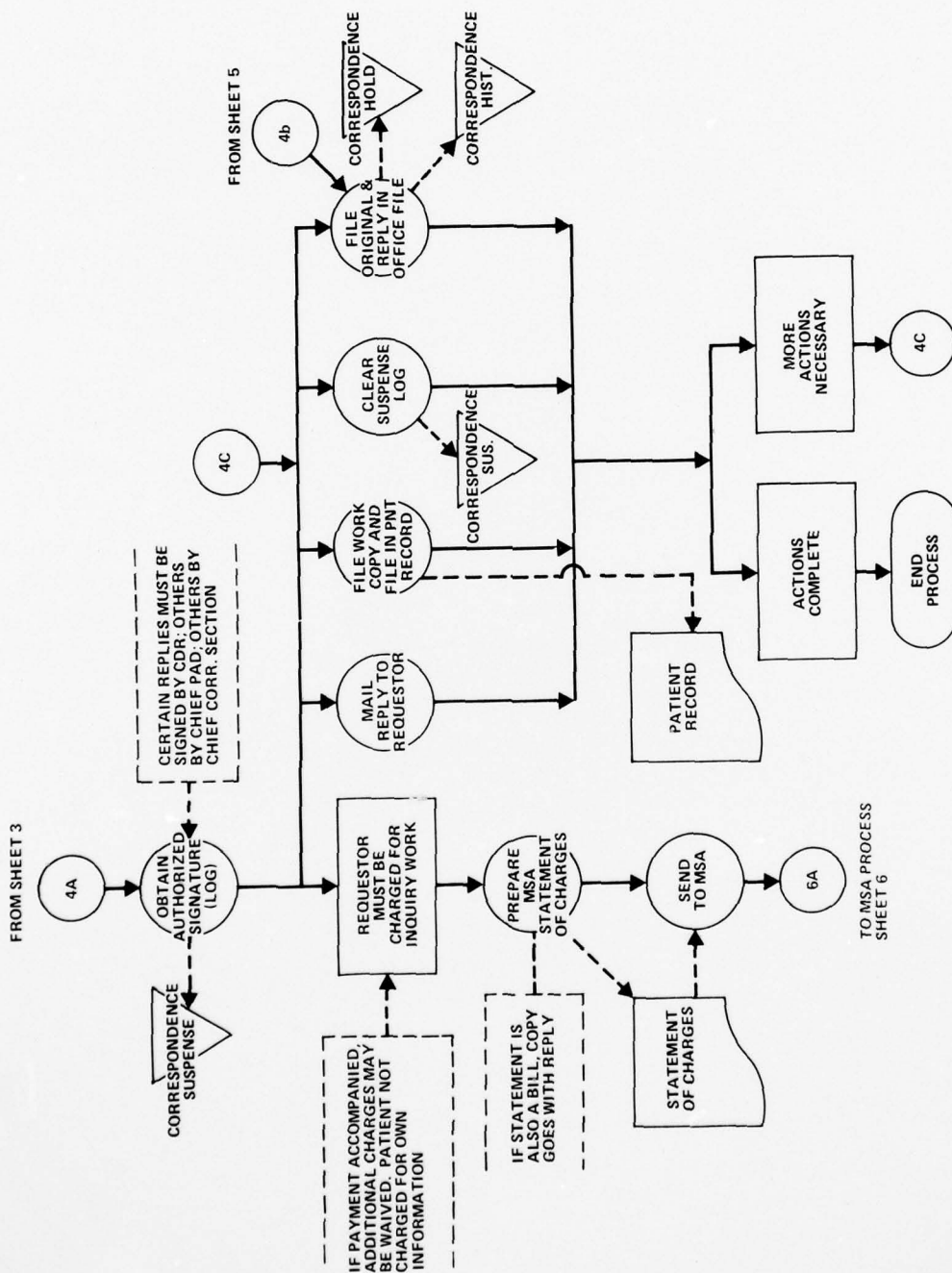


PATIENT ADMINISTRATION
BIRTH REPORTING PROCESS
SHEET 1 OF 1 16 DEC 75

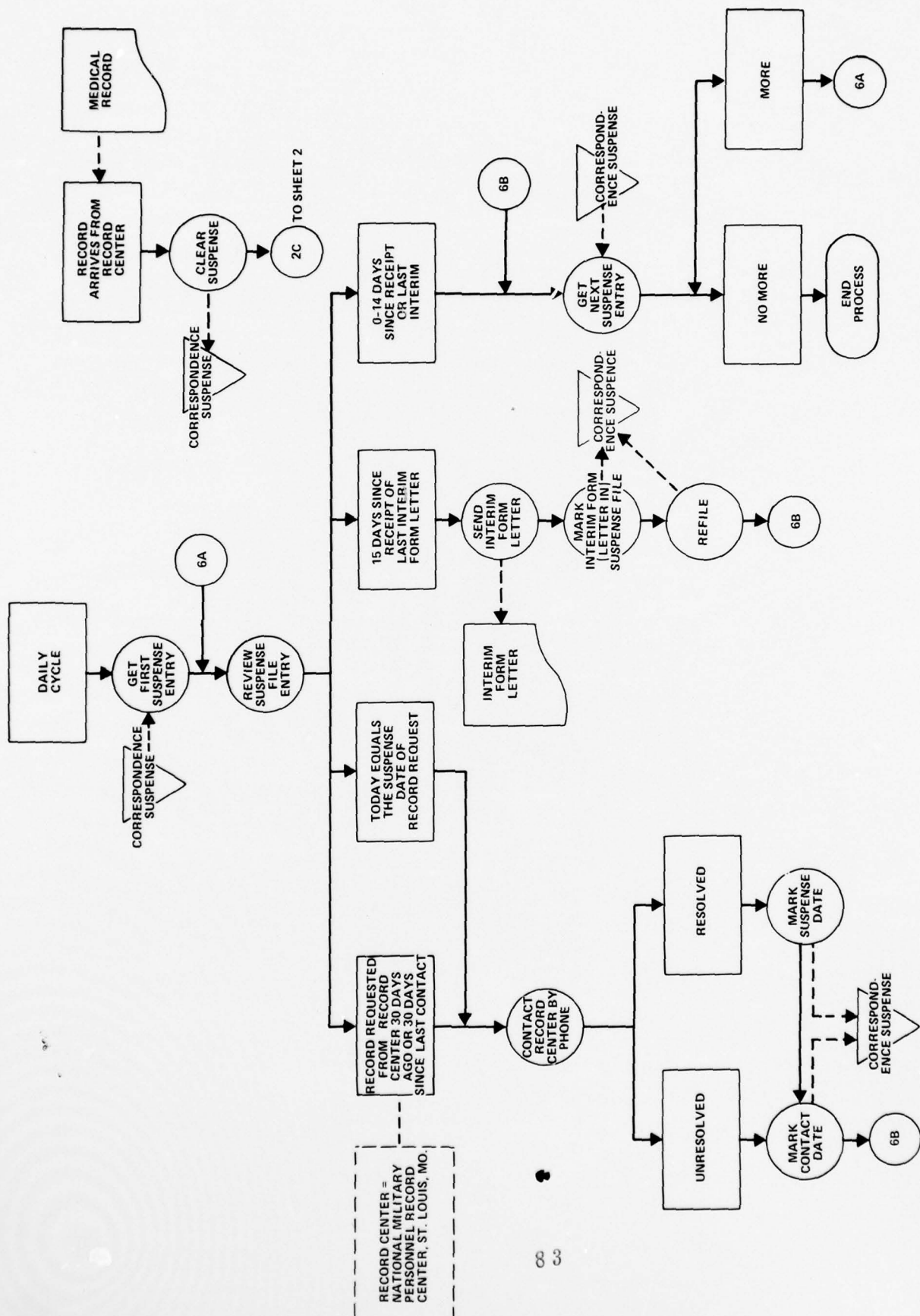


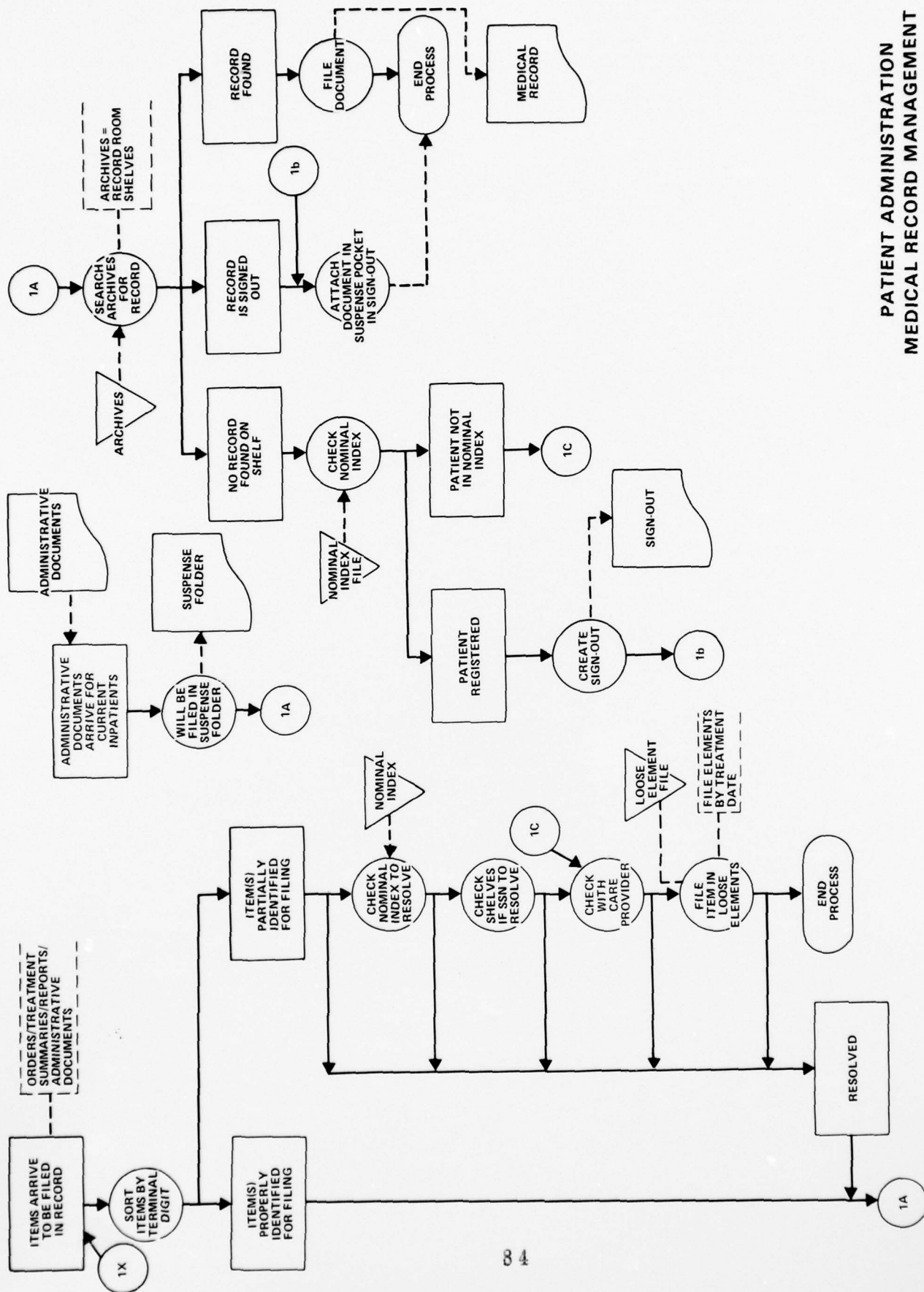
PATIENT ADMINISTRATION
CORRESPONDENCE SECTION
SHEET 1 OF 6 16 DEC 75



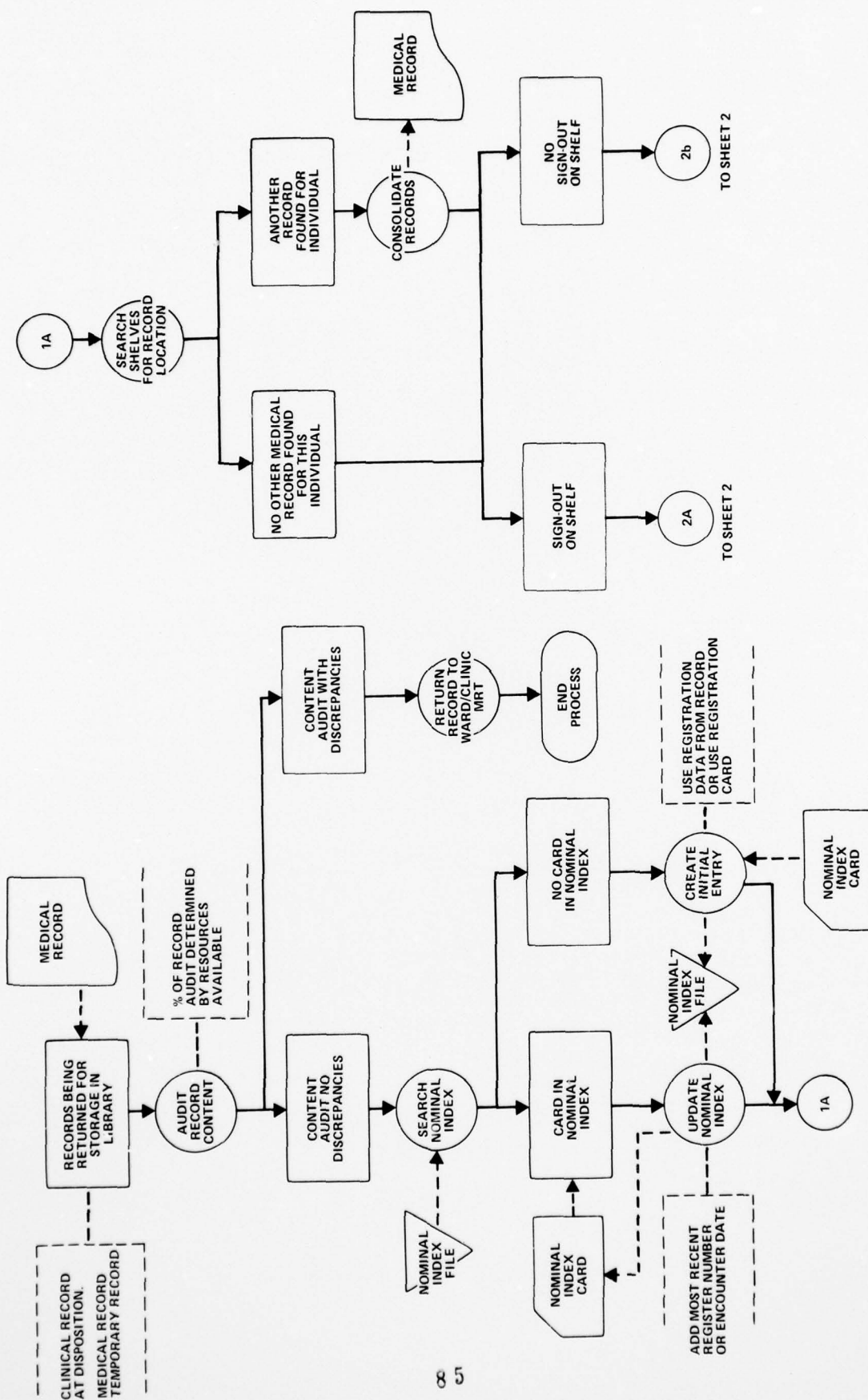


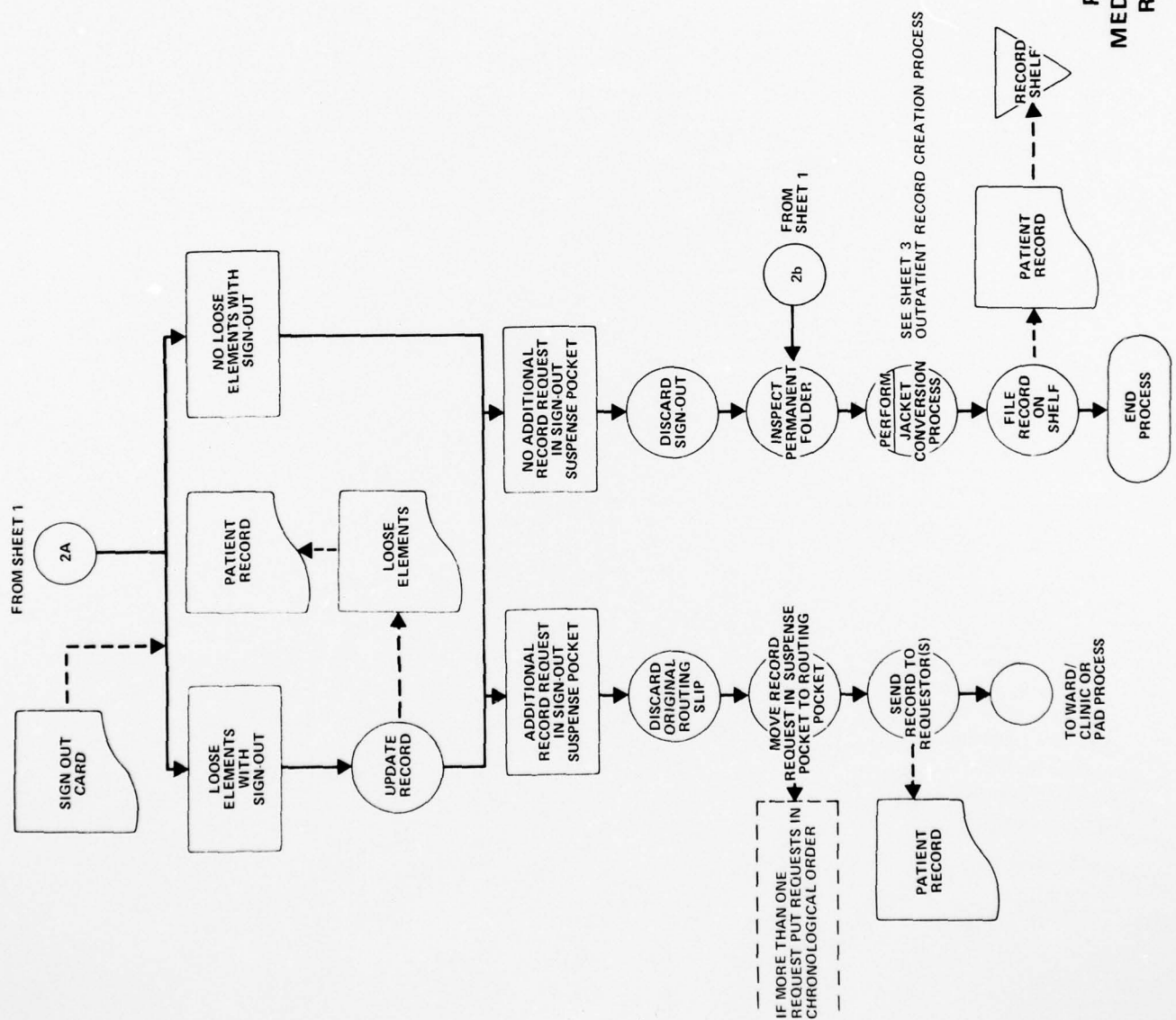
PATIENT ADMINISTRATION
CORRESPONDENCE SECTION
SHEET 4 OF 6 16 DEC 75

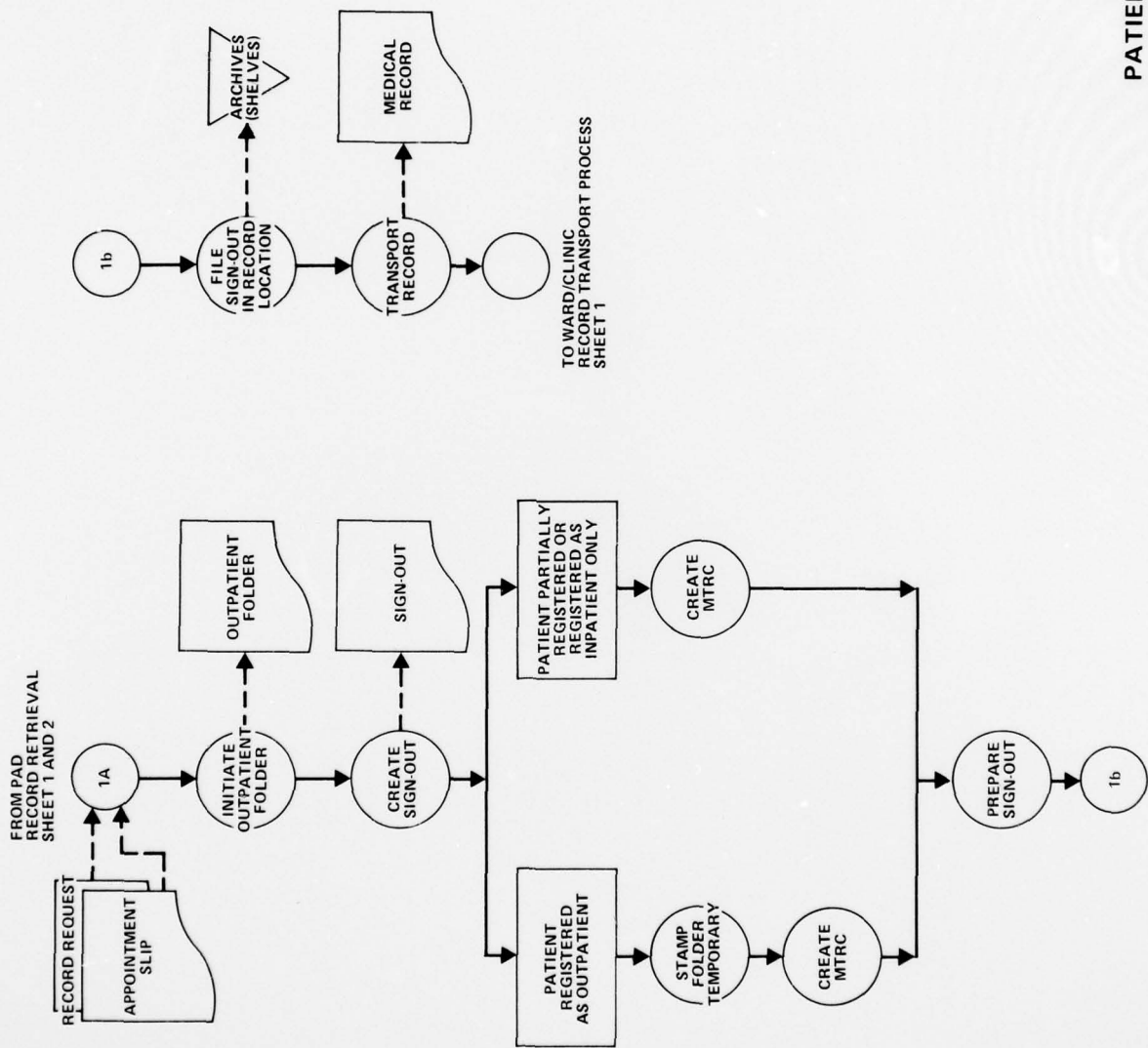


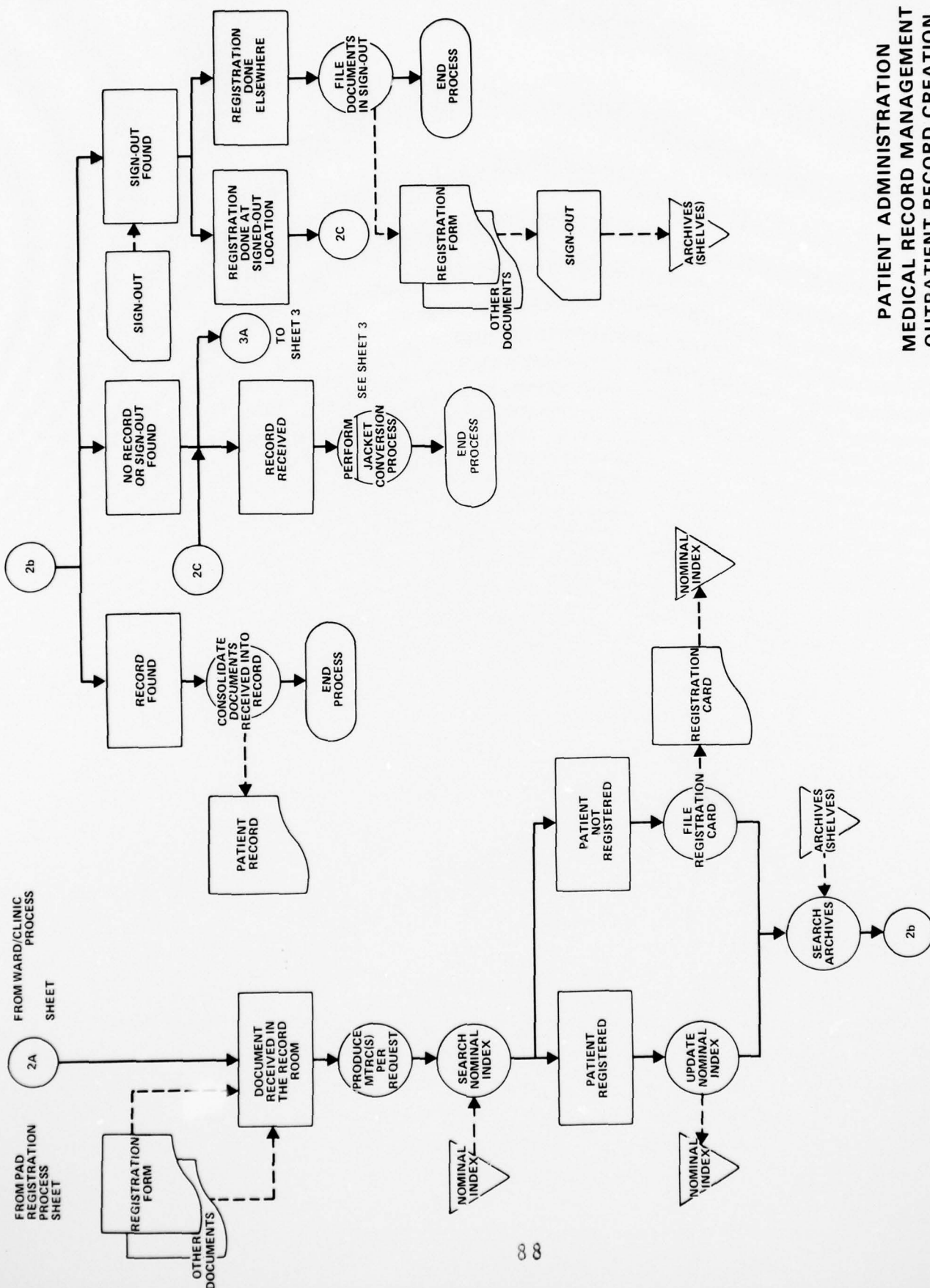


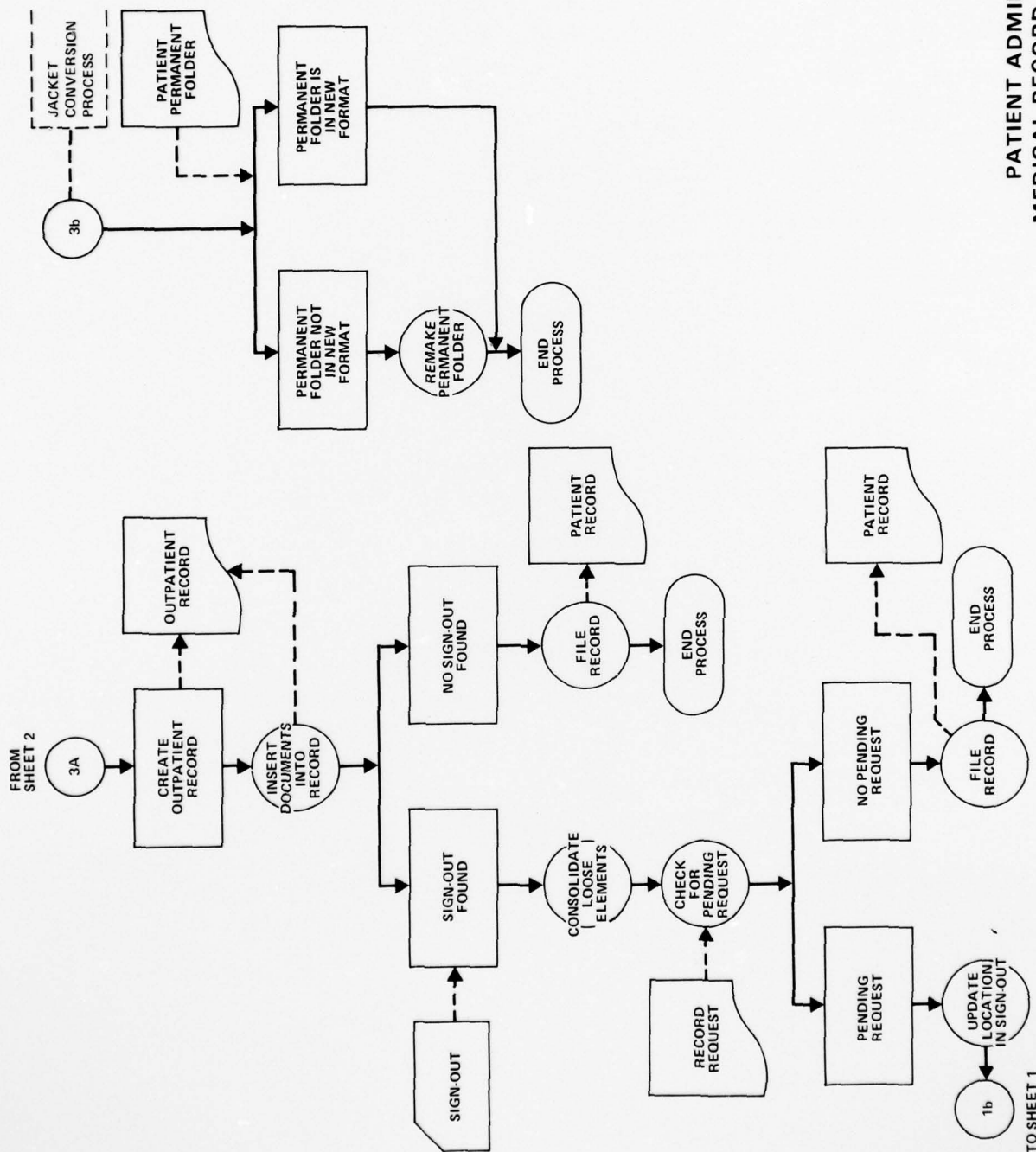
PATIENT ADMINISTRATION
 MEDICAL RECORD MANAGEMENT
 RECORD UPDATE PROCESS
 SHEET 1 OF 1 16 DEC 75

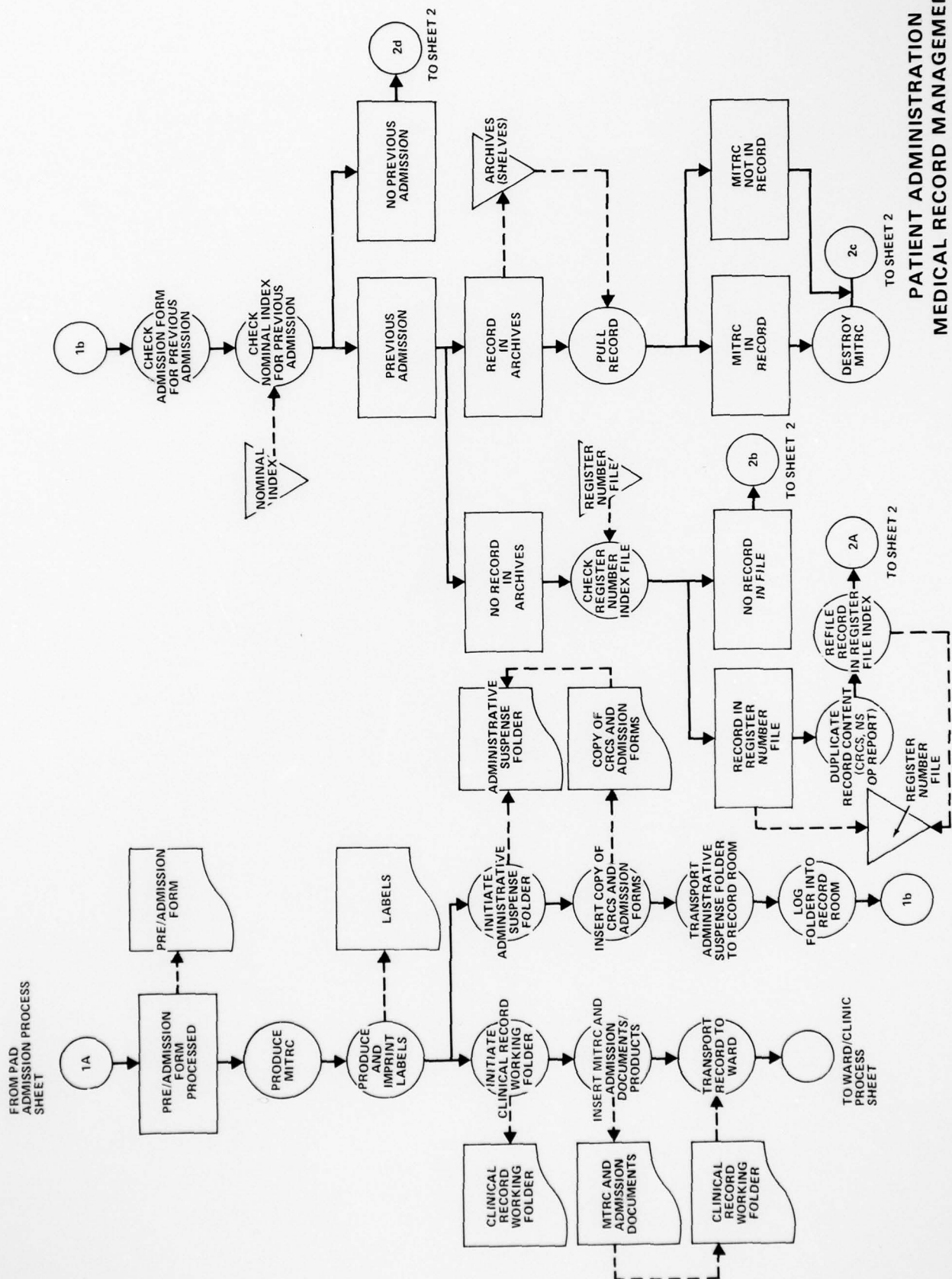












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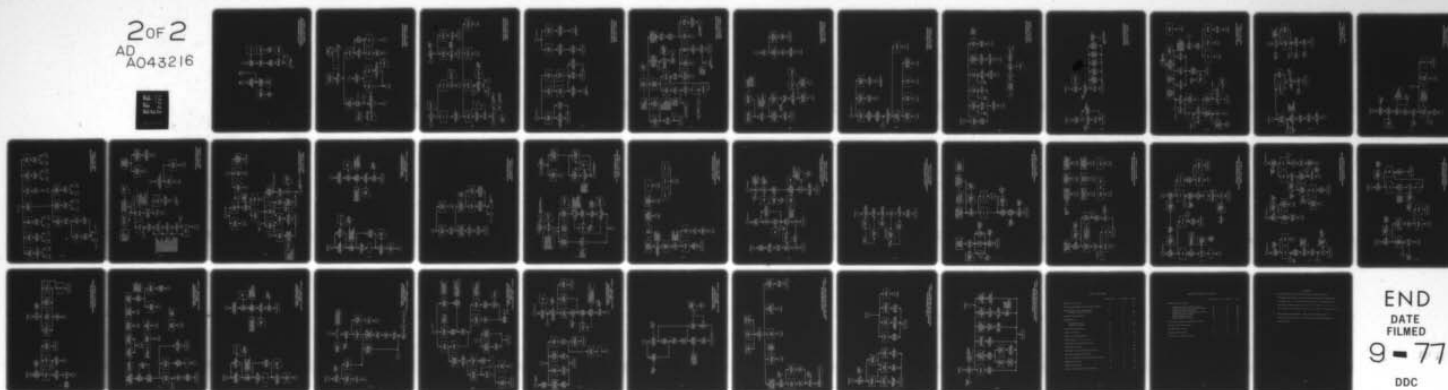
ARMY TRIMIS AGENCY WASHINGTON D C
PROCESS CONDITION-ACTION DIAGRAM FLOWCHARTS. PATIENT ADMINISTRATION--ETC(U)
OCT 76 L SCHLAEPPI, L HARRIS, K SCHANK
TRIMIS-ARMY-TR-1-4

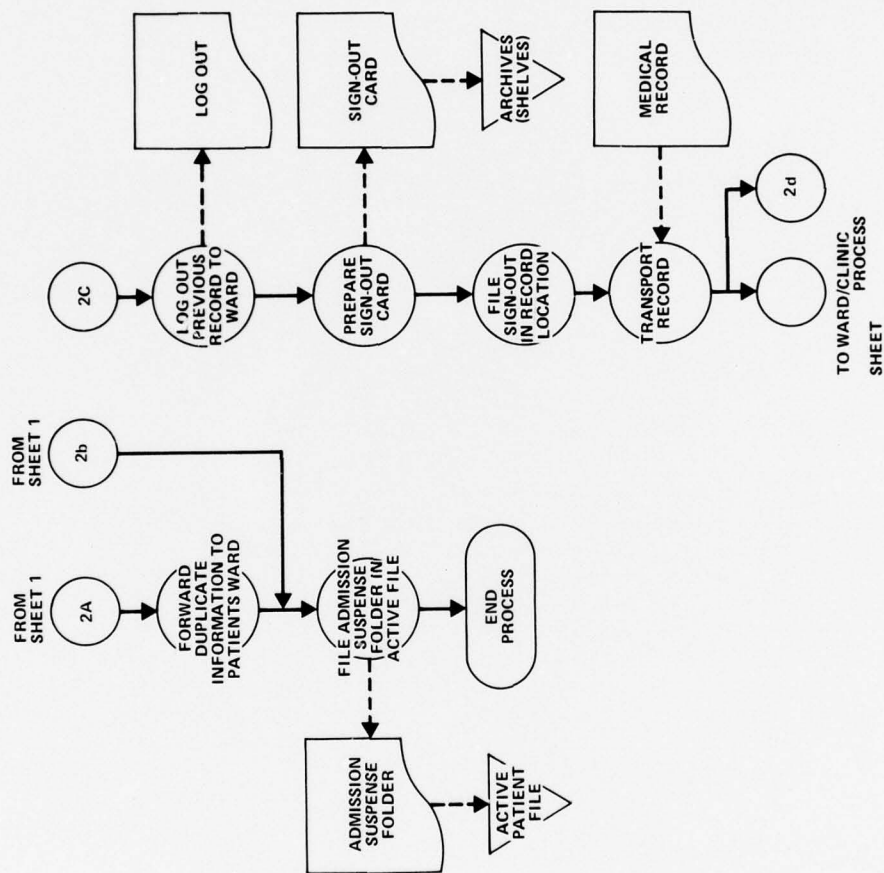
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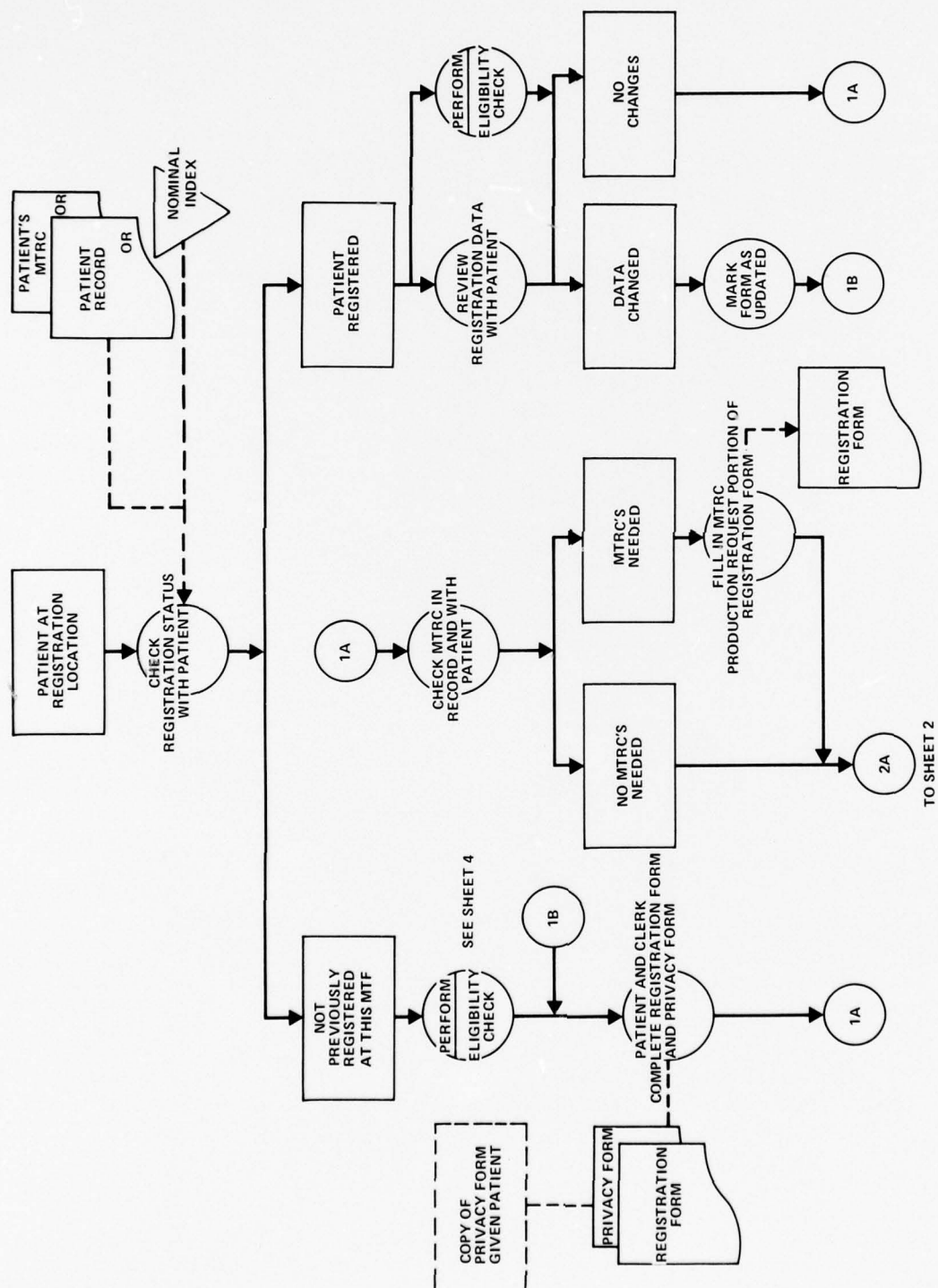
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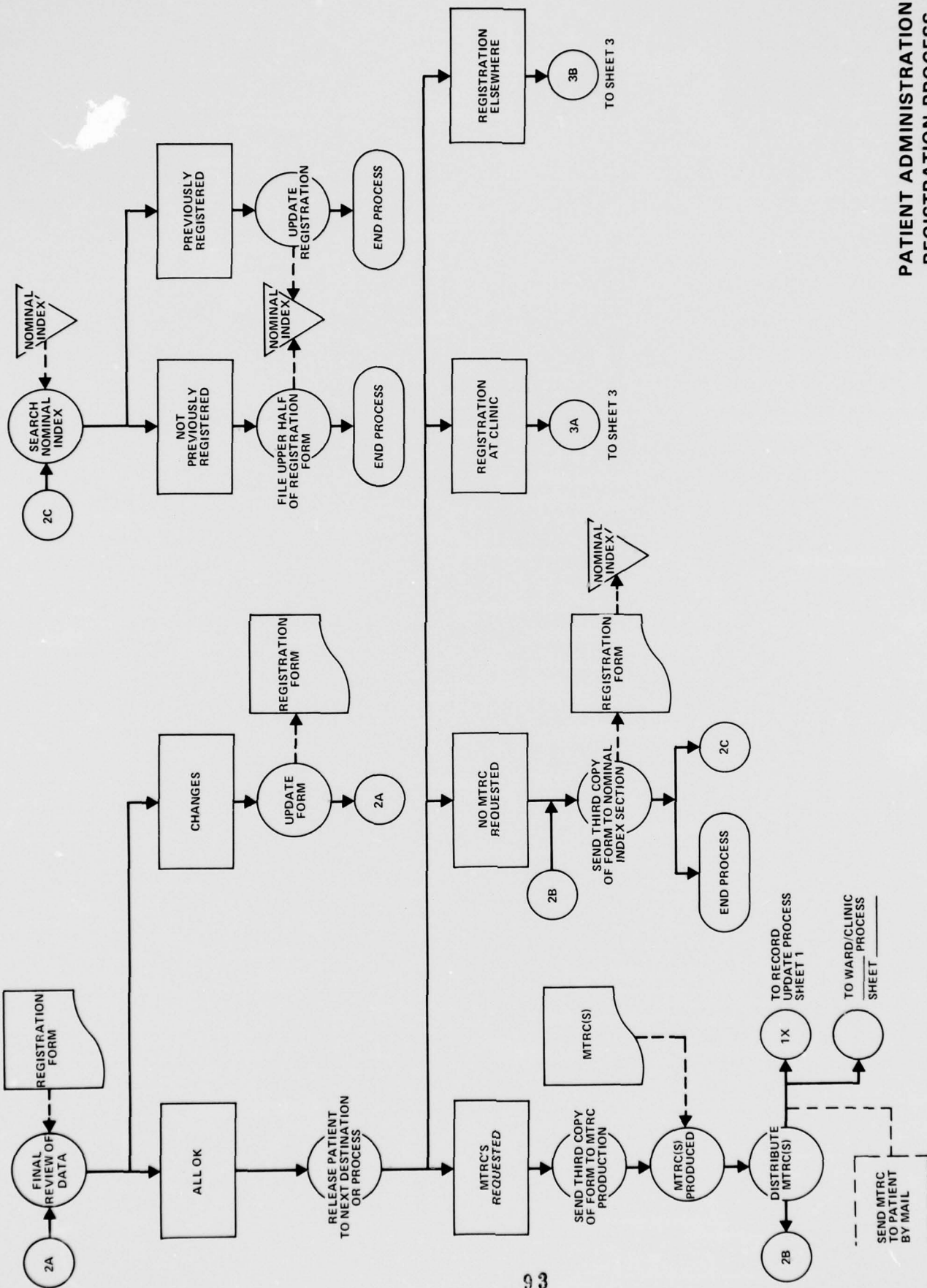
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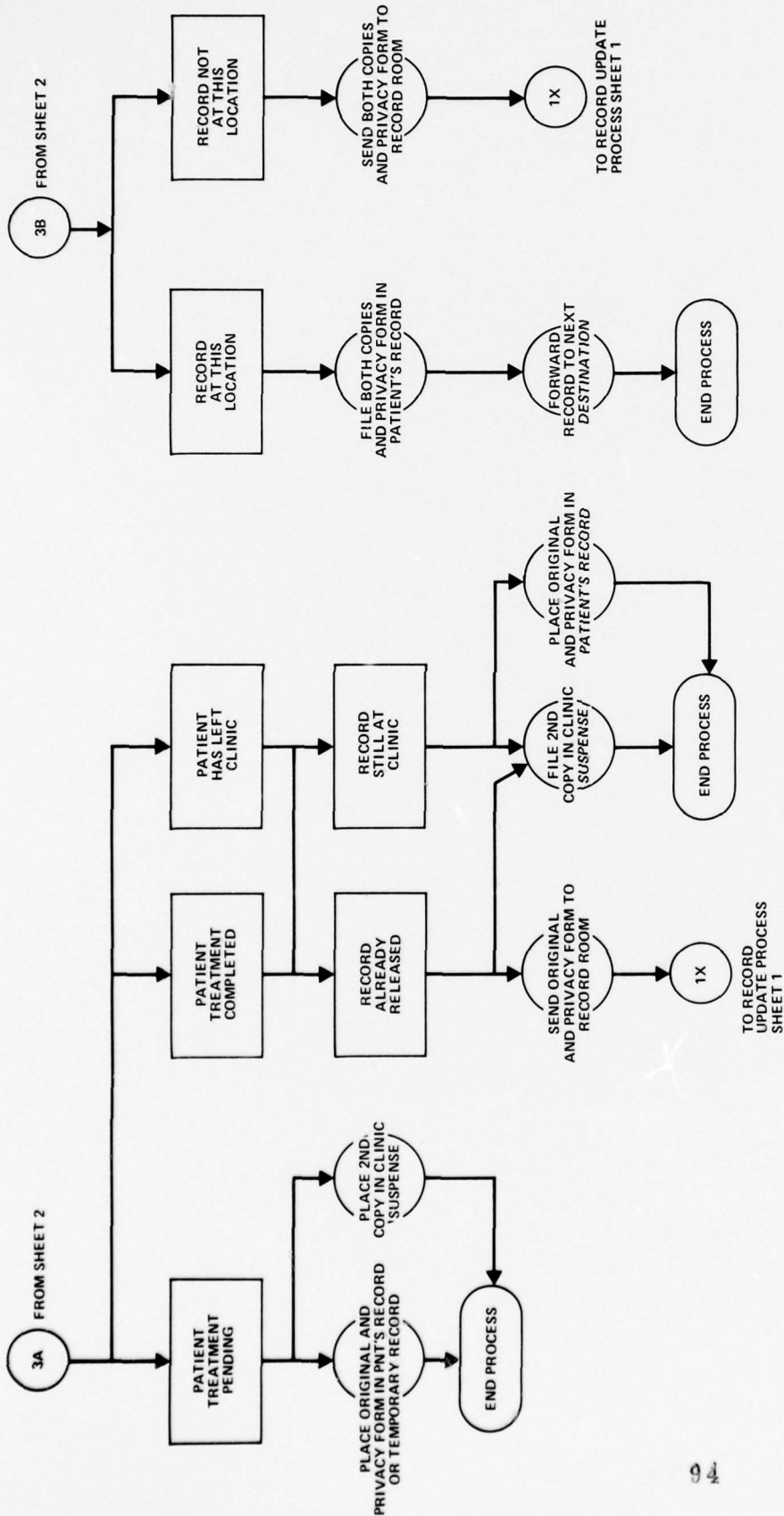
2 OF 2
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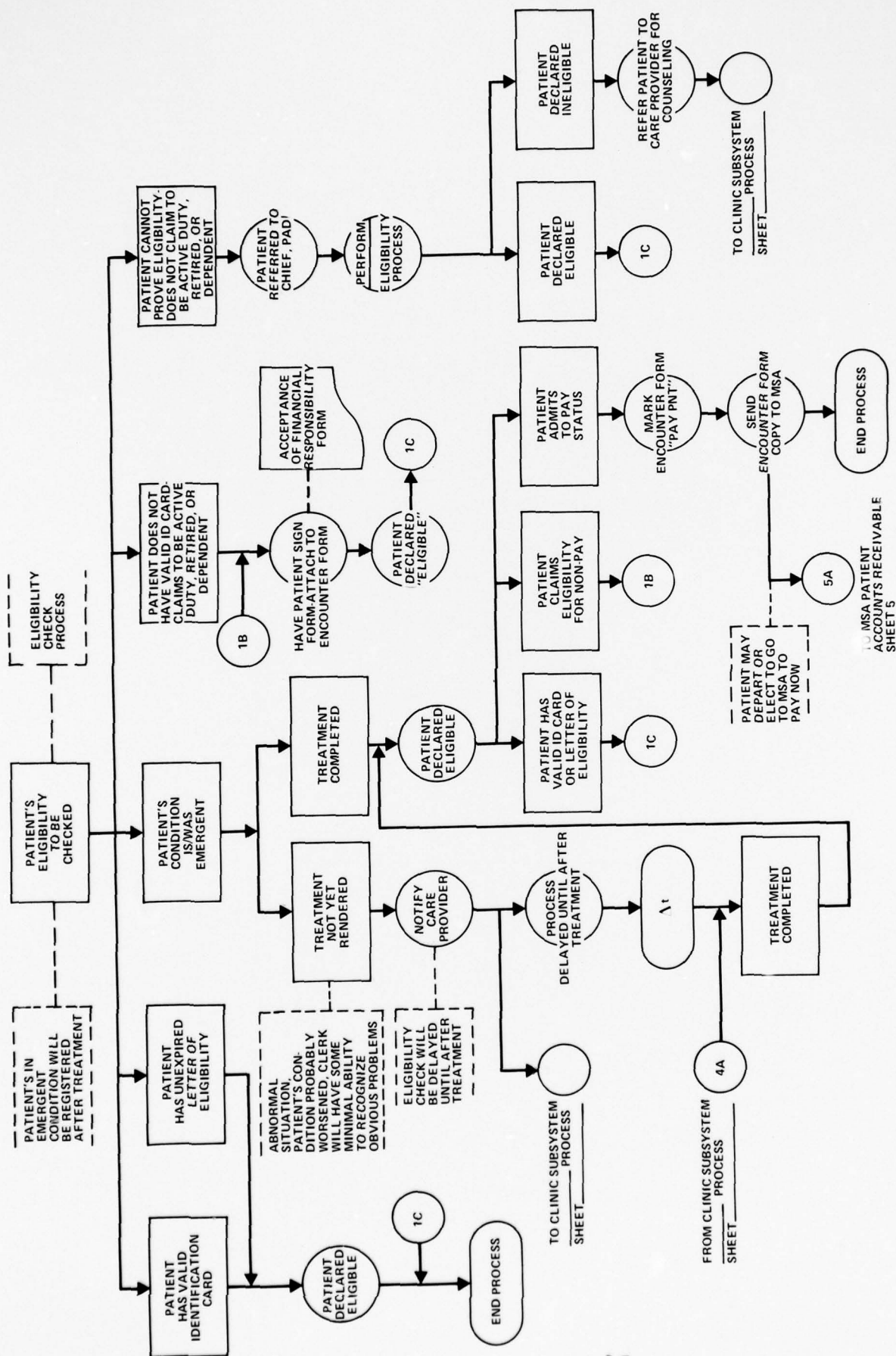




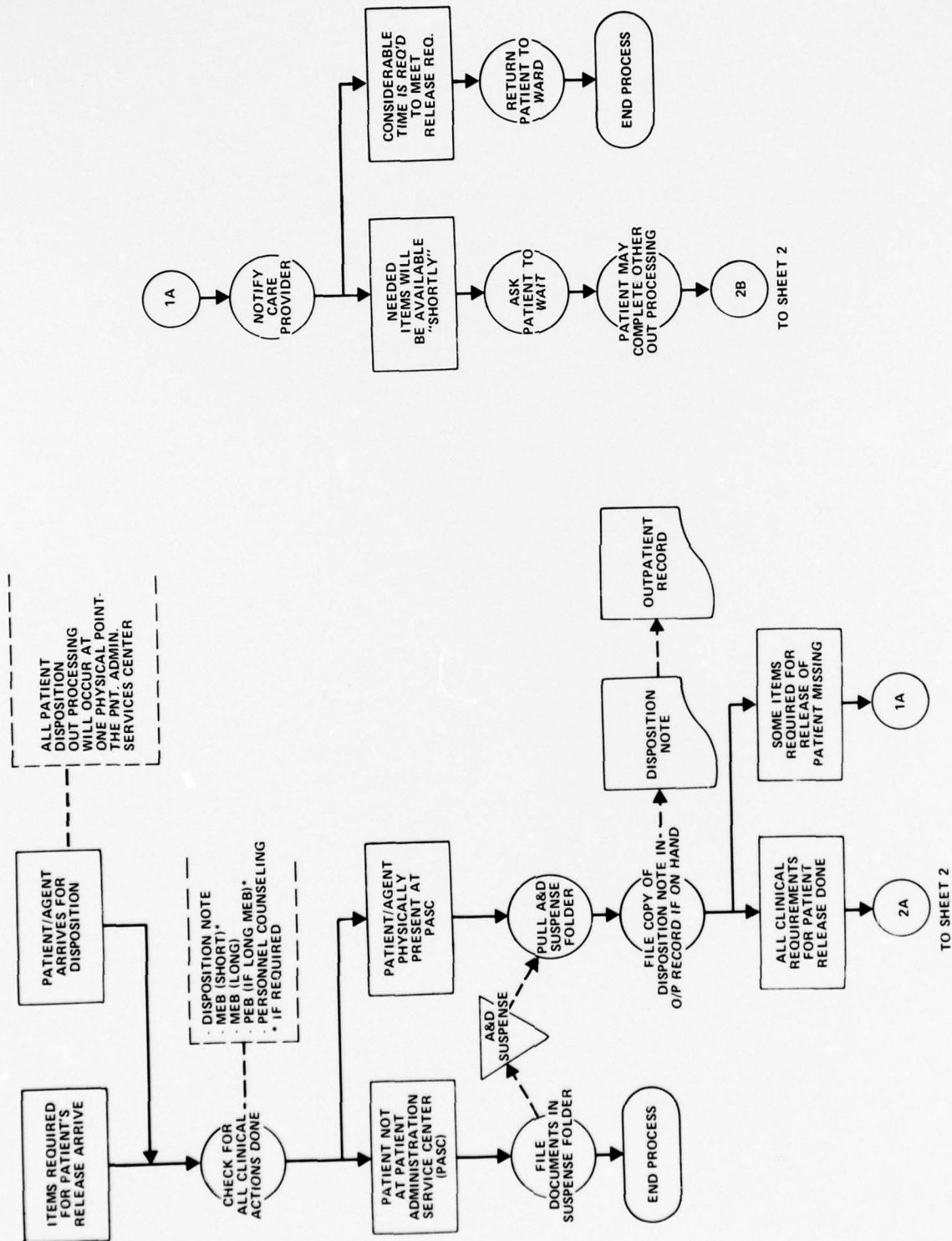


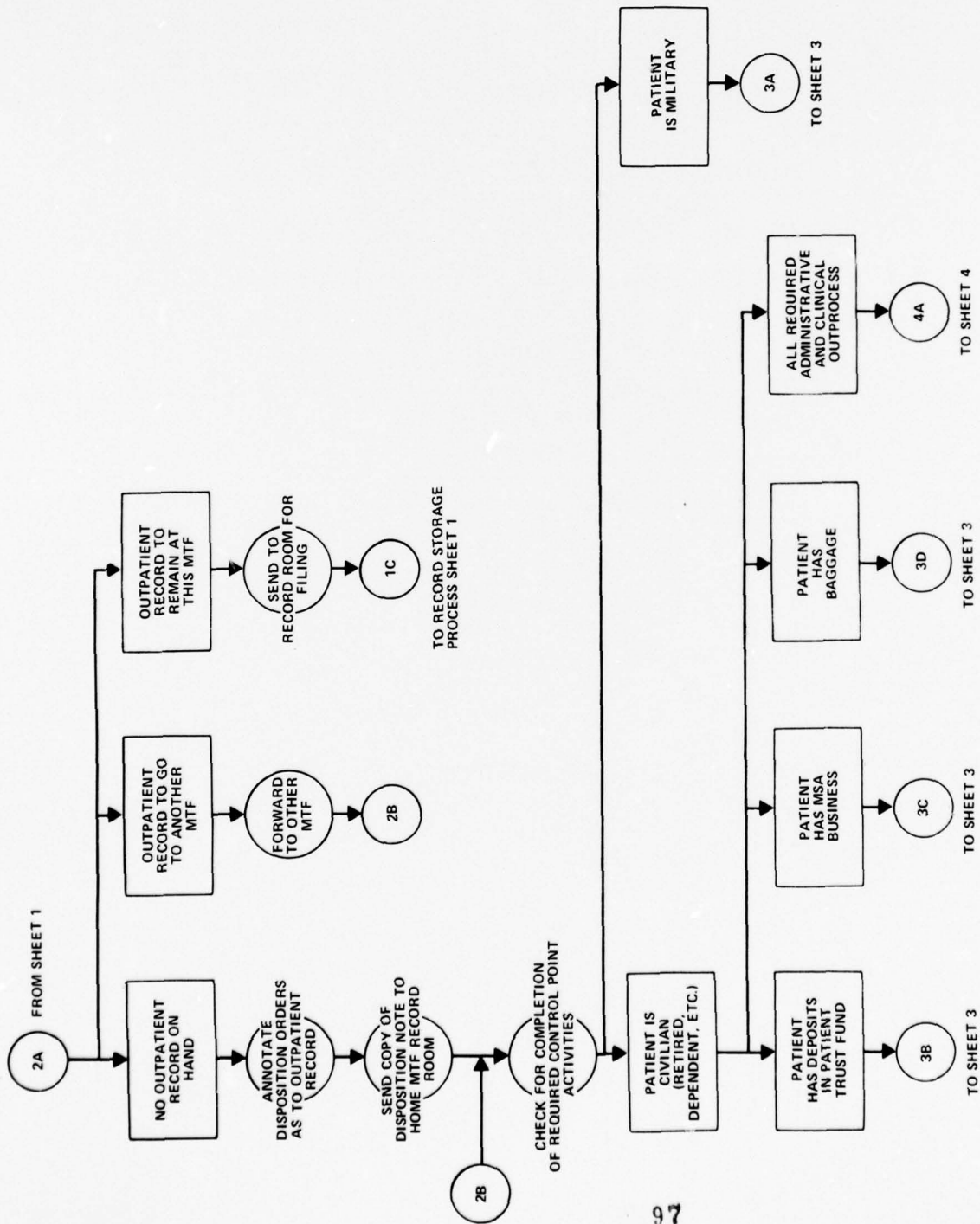


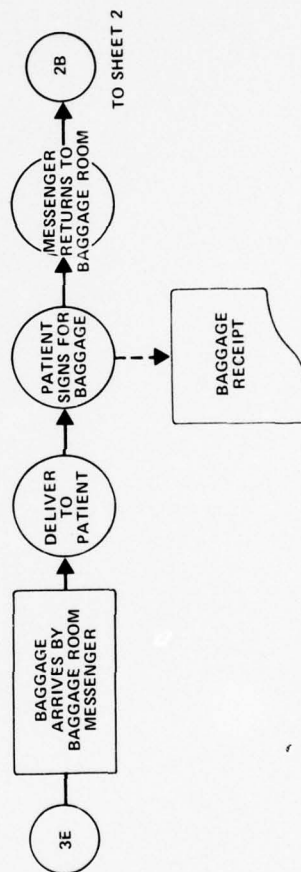
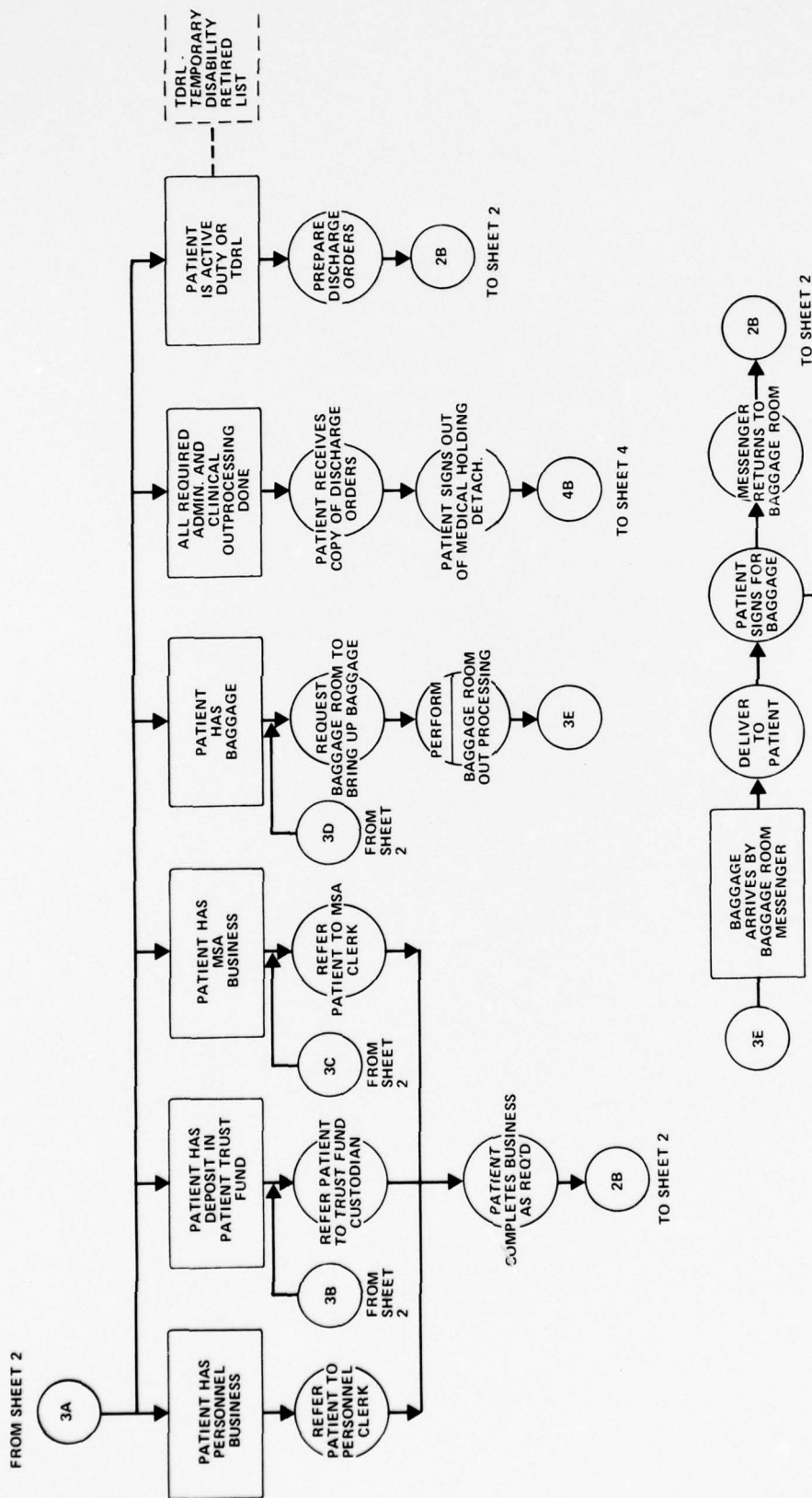




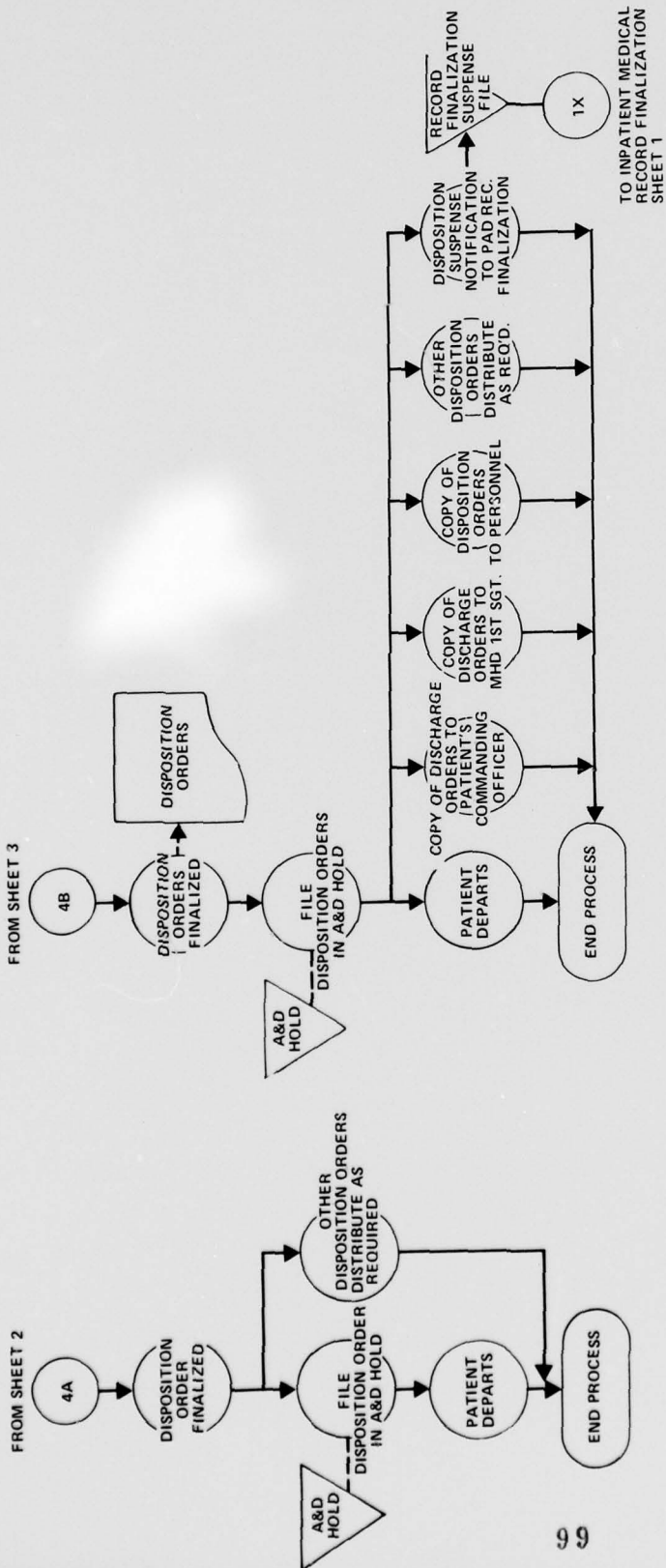
PATIENT ADMINISTRATION
REGISTRATION PROCESS
SHEET 4 OF 4 15 JAN 76



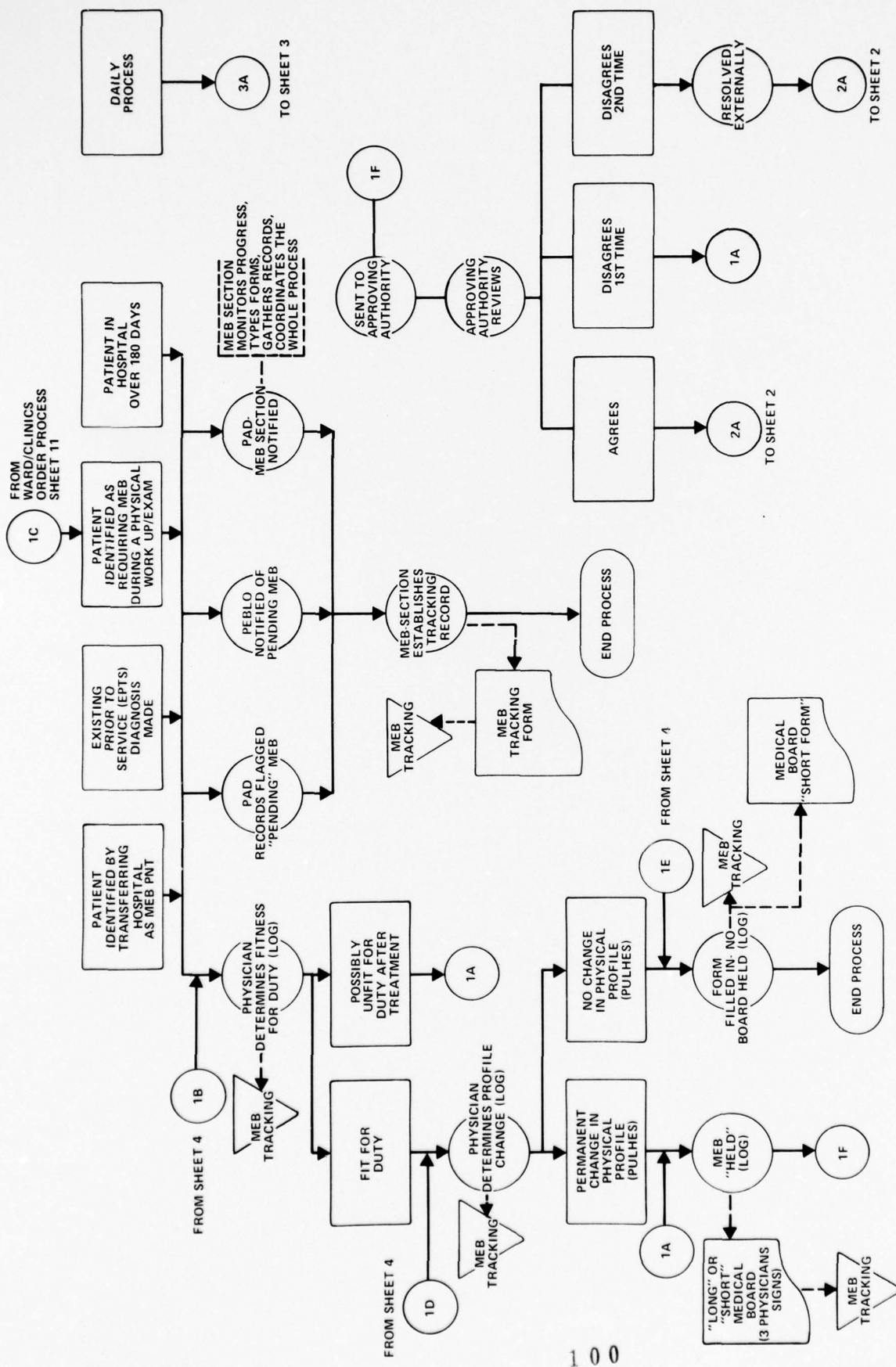


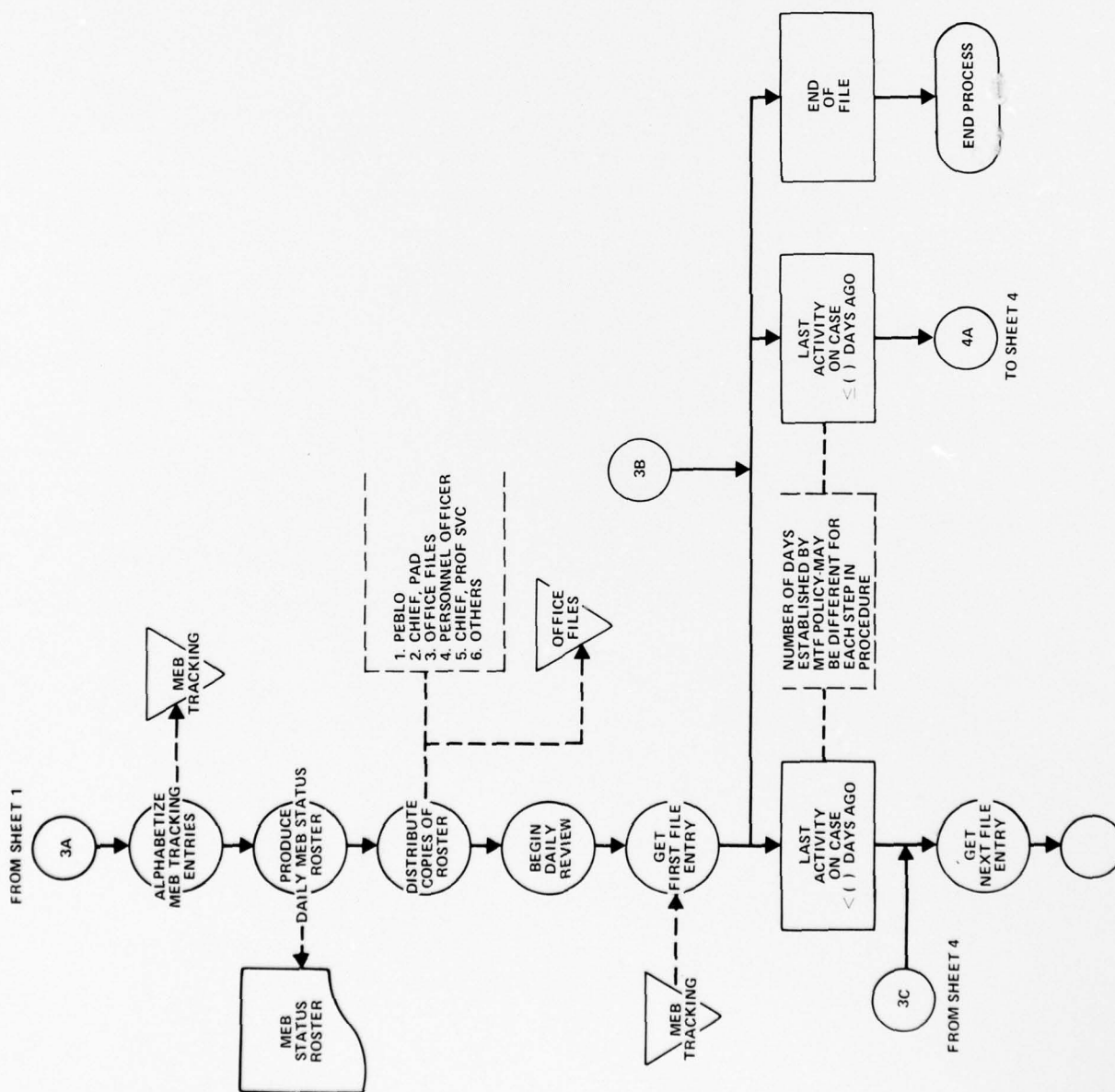


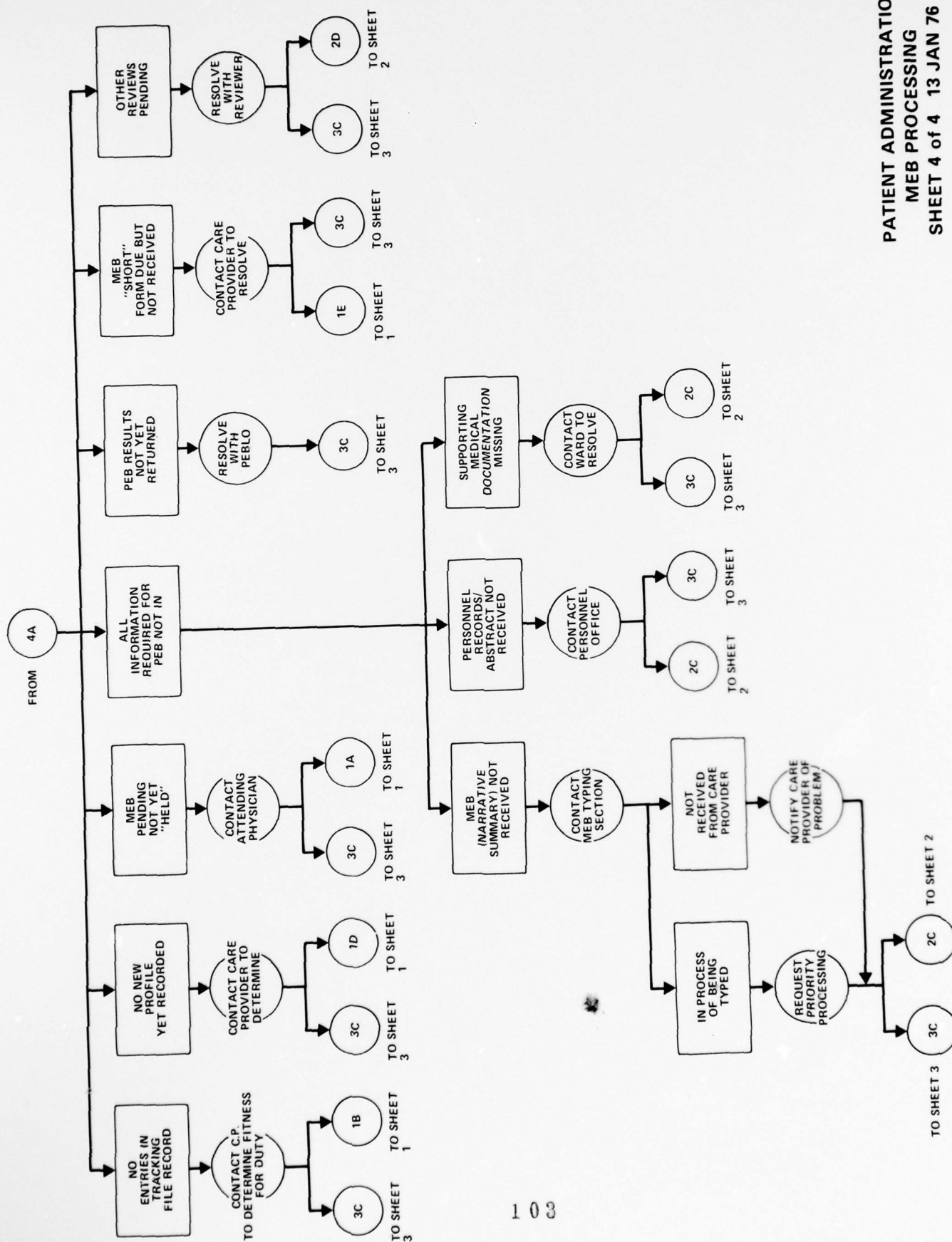
PATIENT ADMINISTRATION
INPATIENT DISPOSITION
SHEET 3 OF 4 12 JAN 76

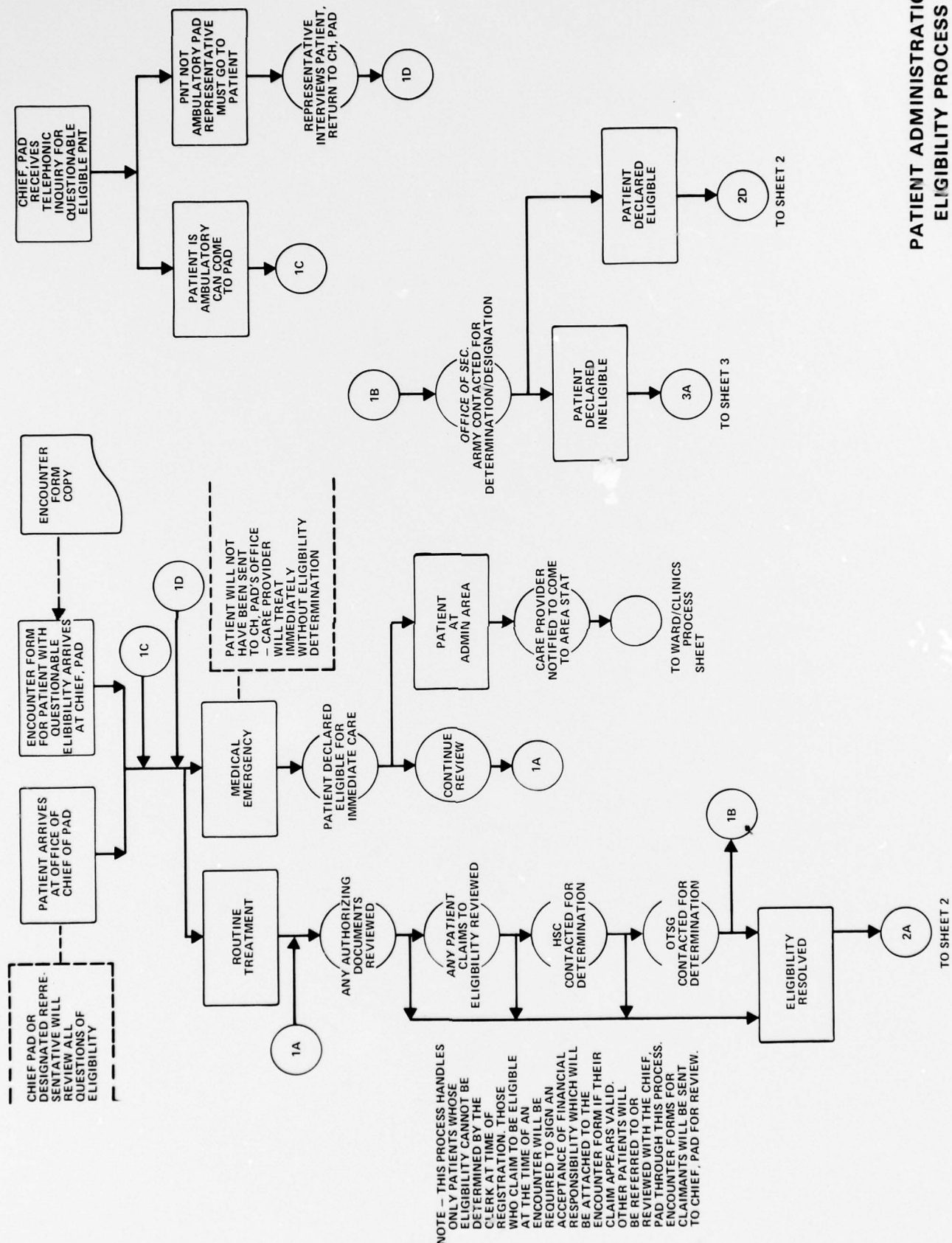


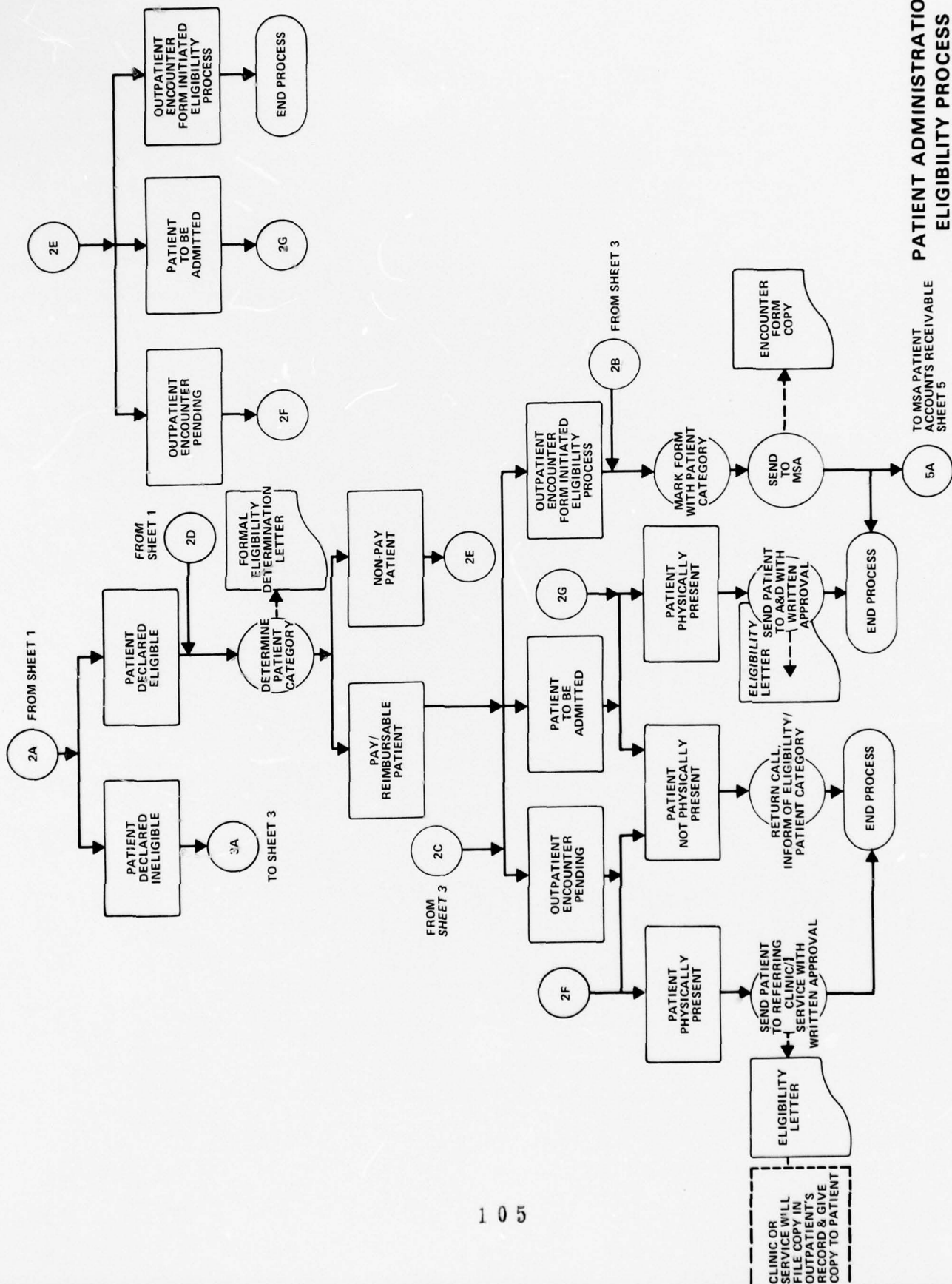
PATIENT ADMINISTRATION
INPATIENT DISPOSITION
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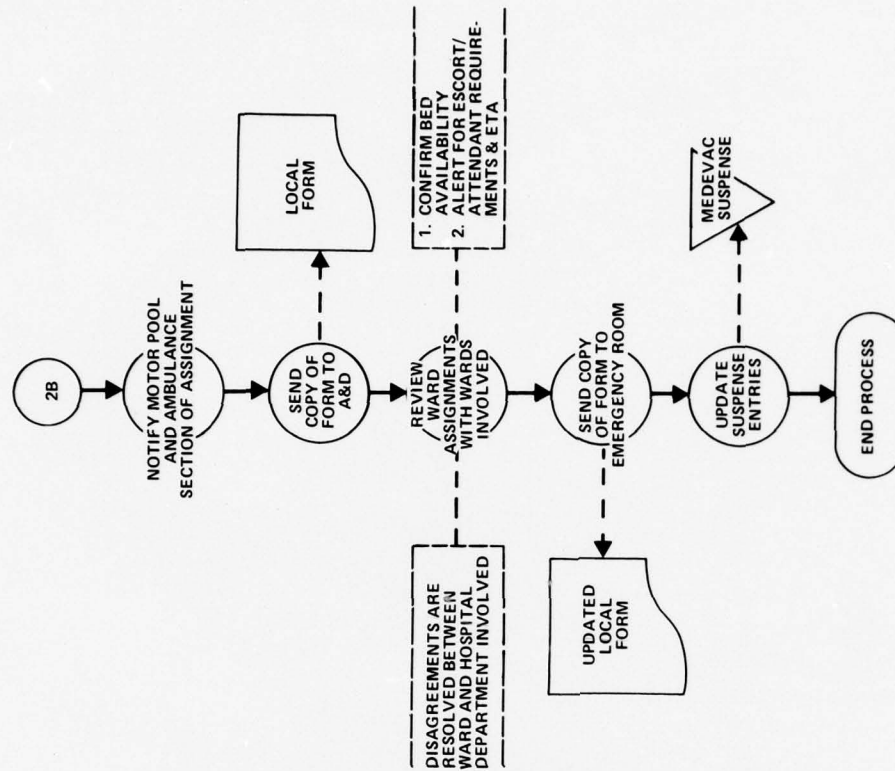
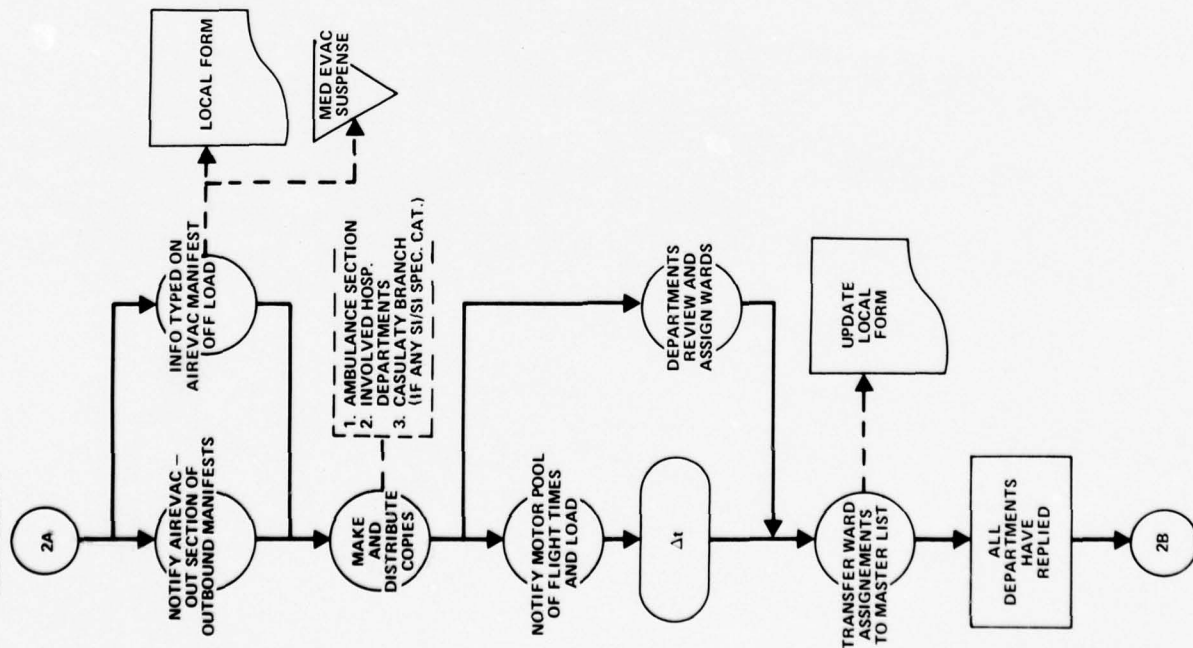








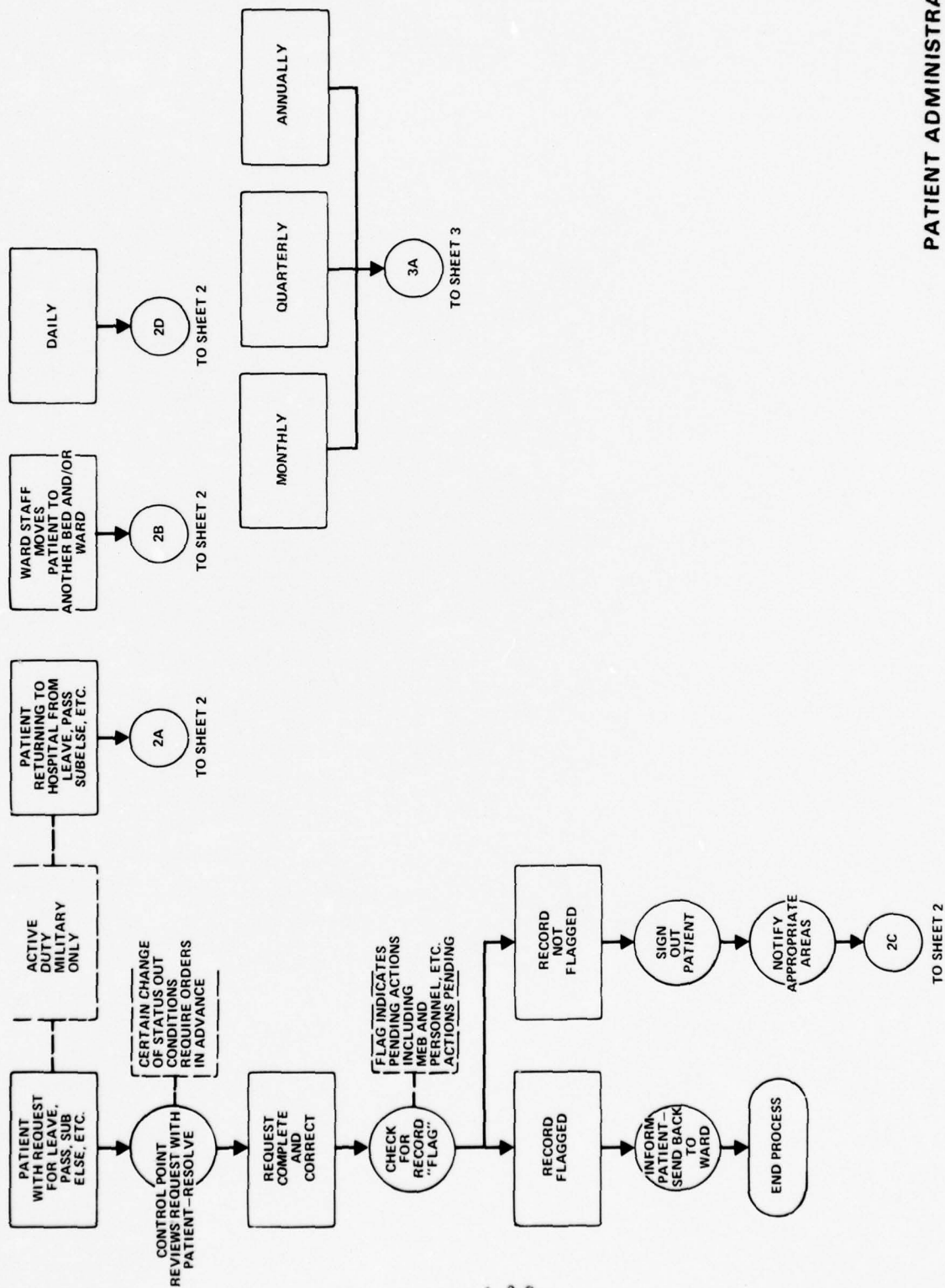
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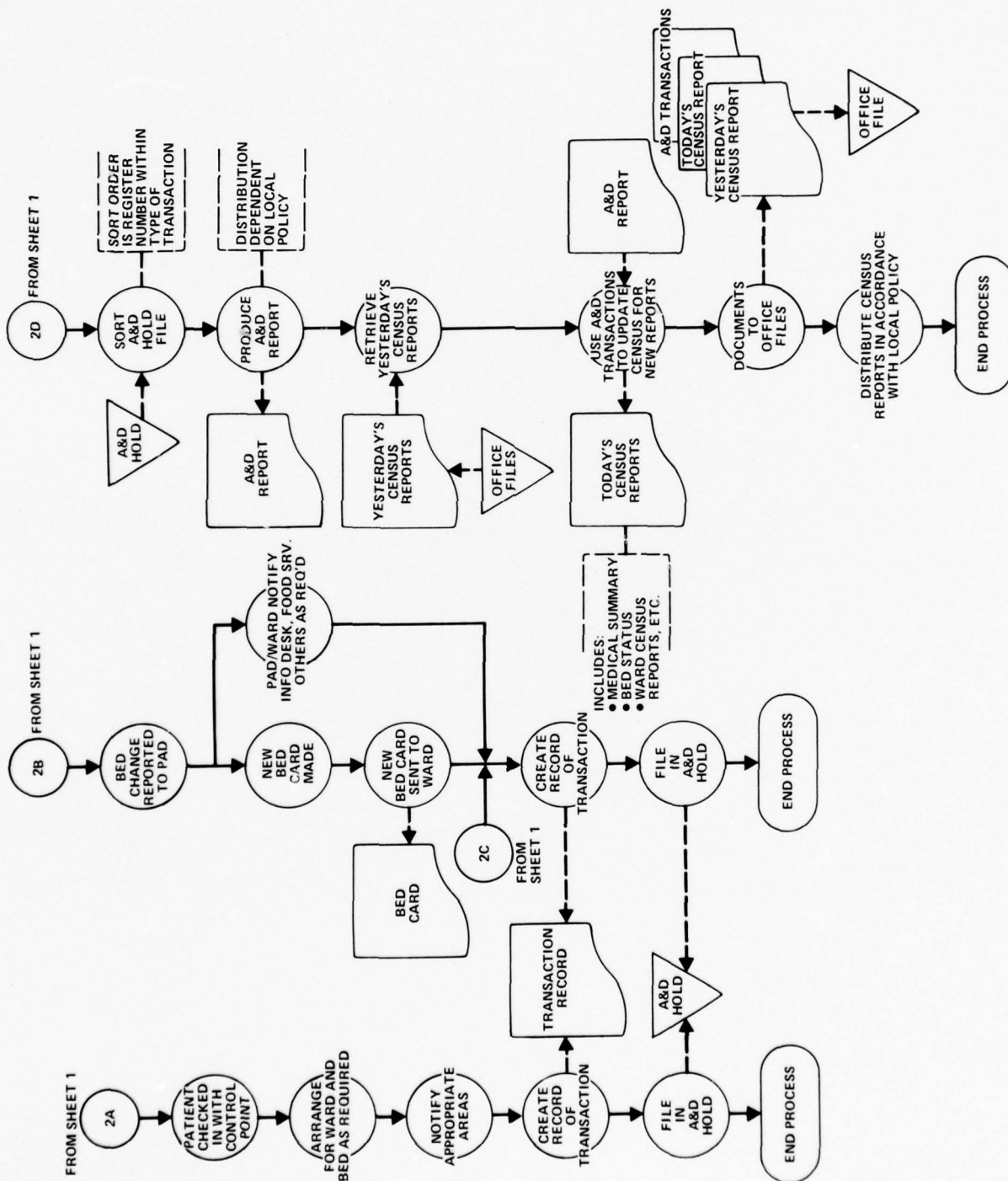
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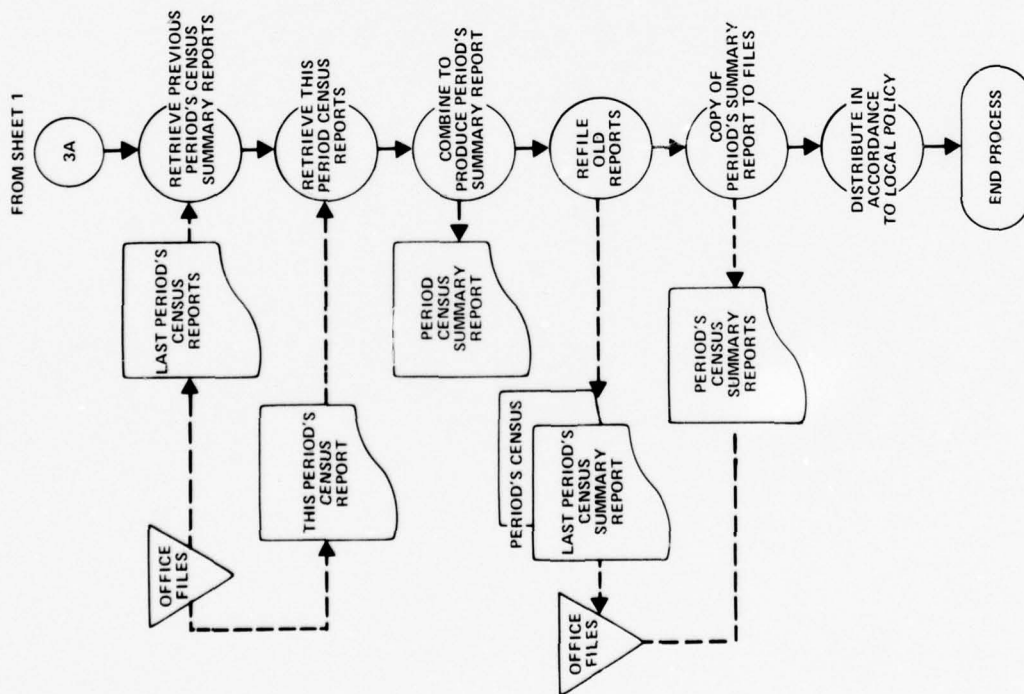
DATE OF FINAL CHECK 12 JAN 76



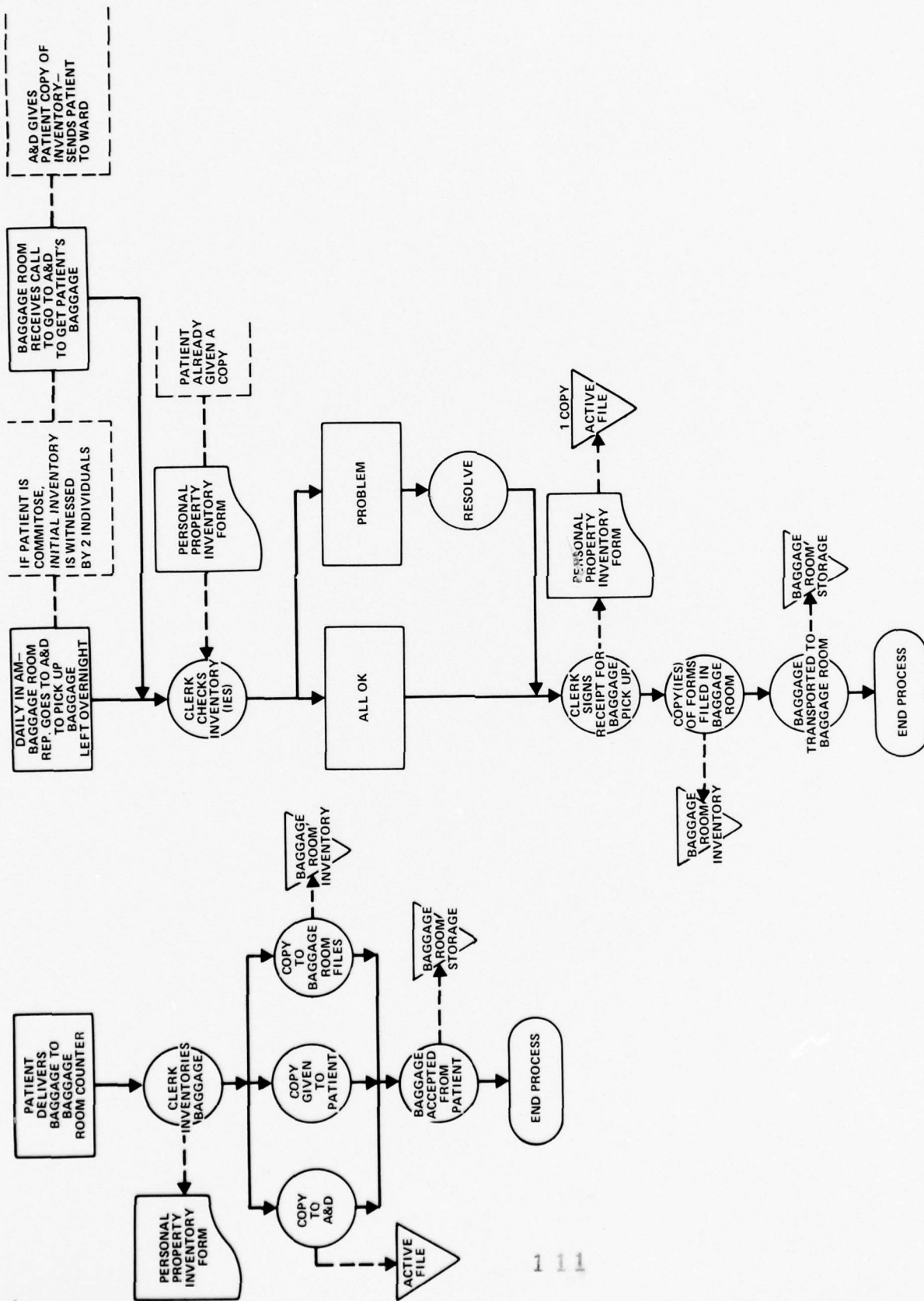
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(CHANGE OF STATUS)
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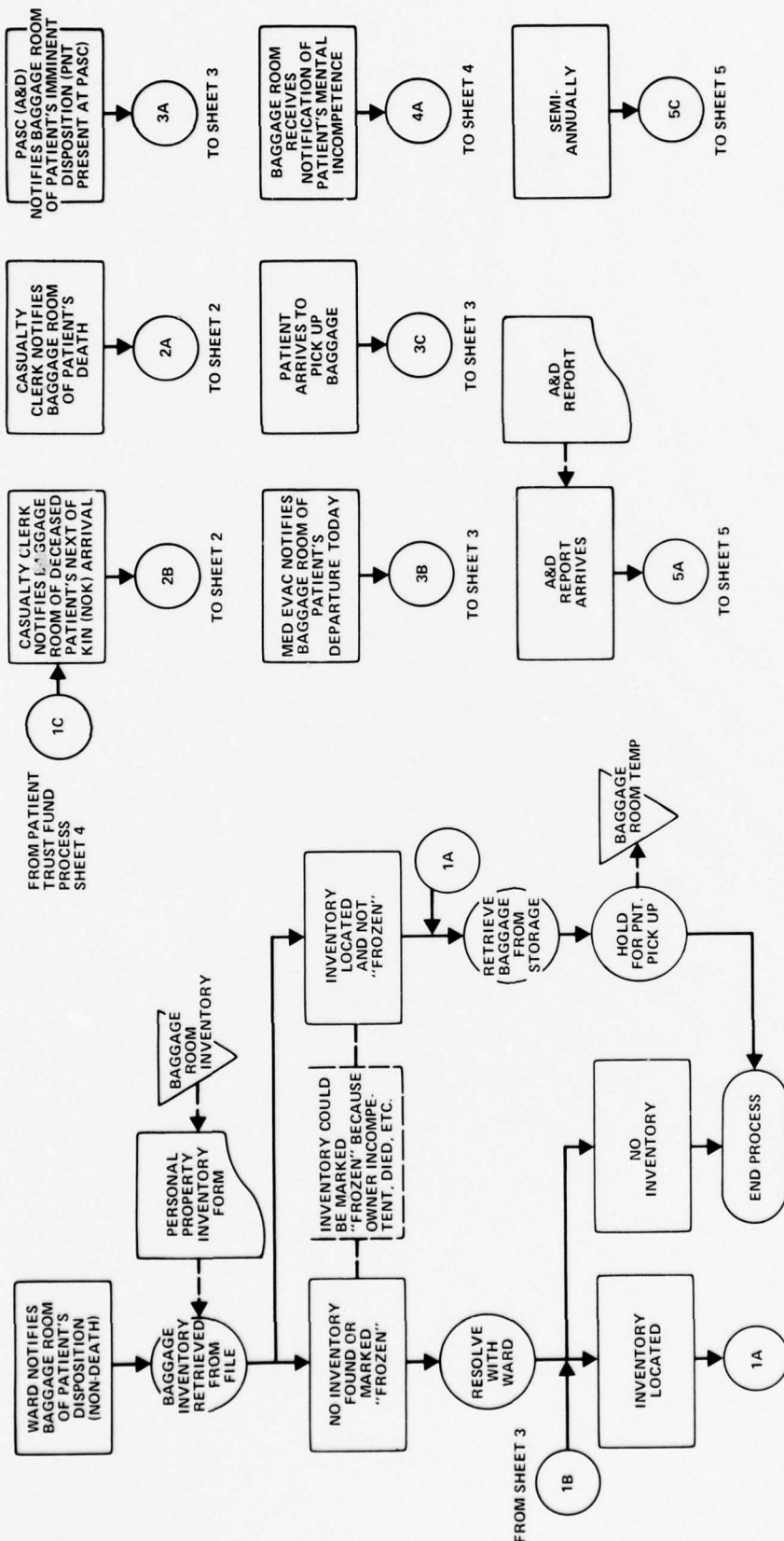


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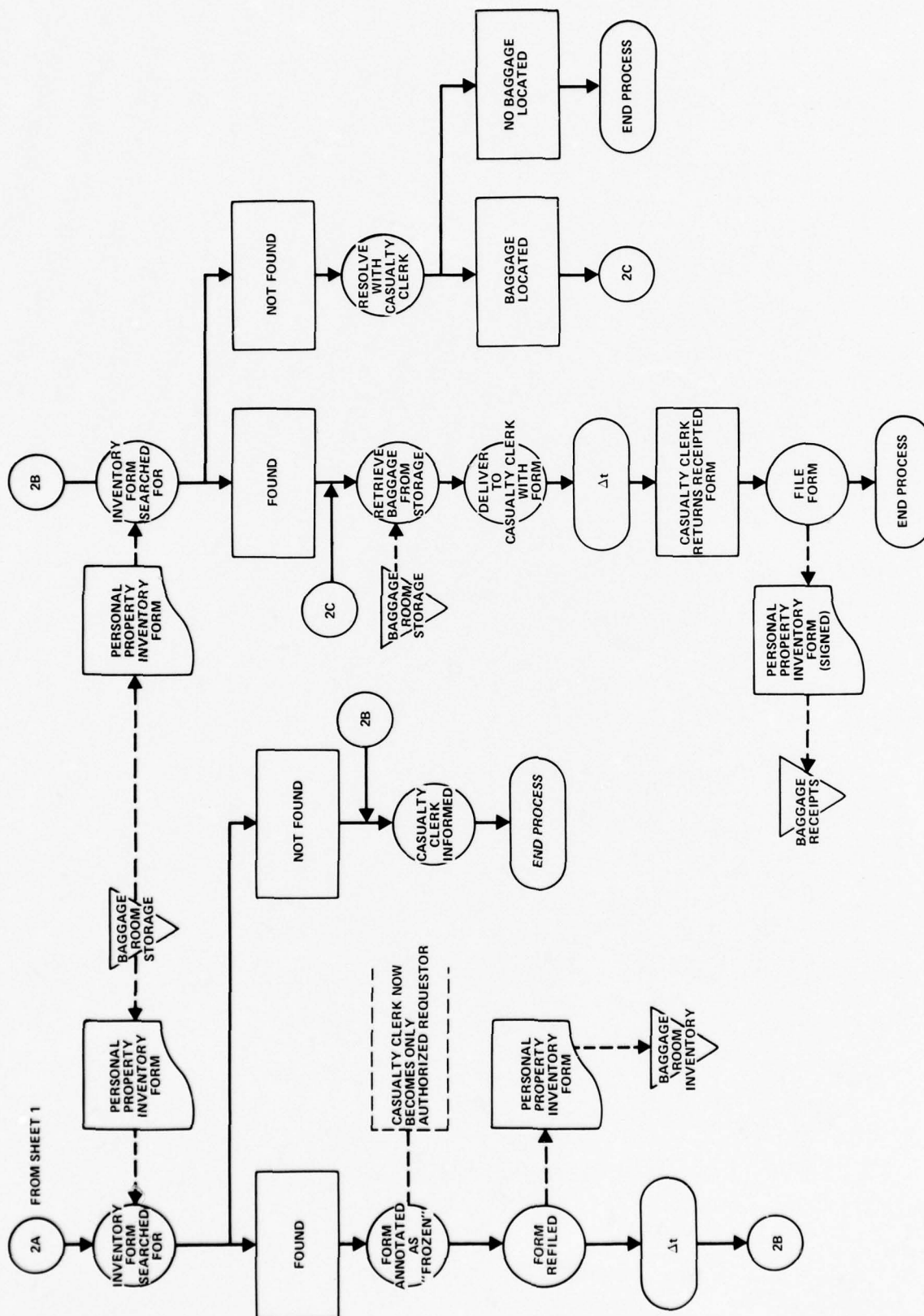


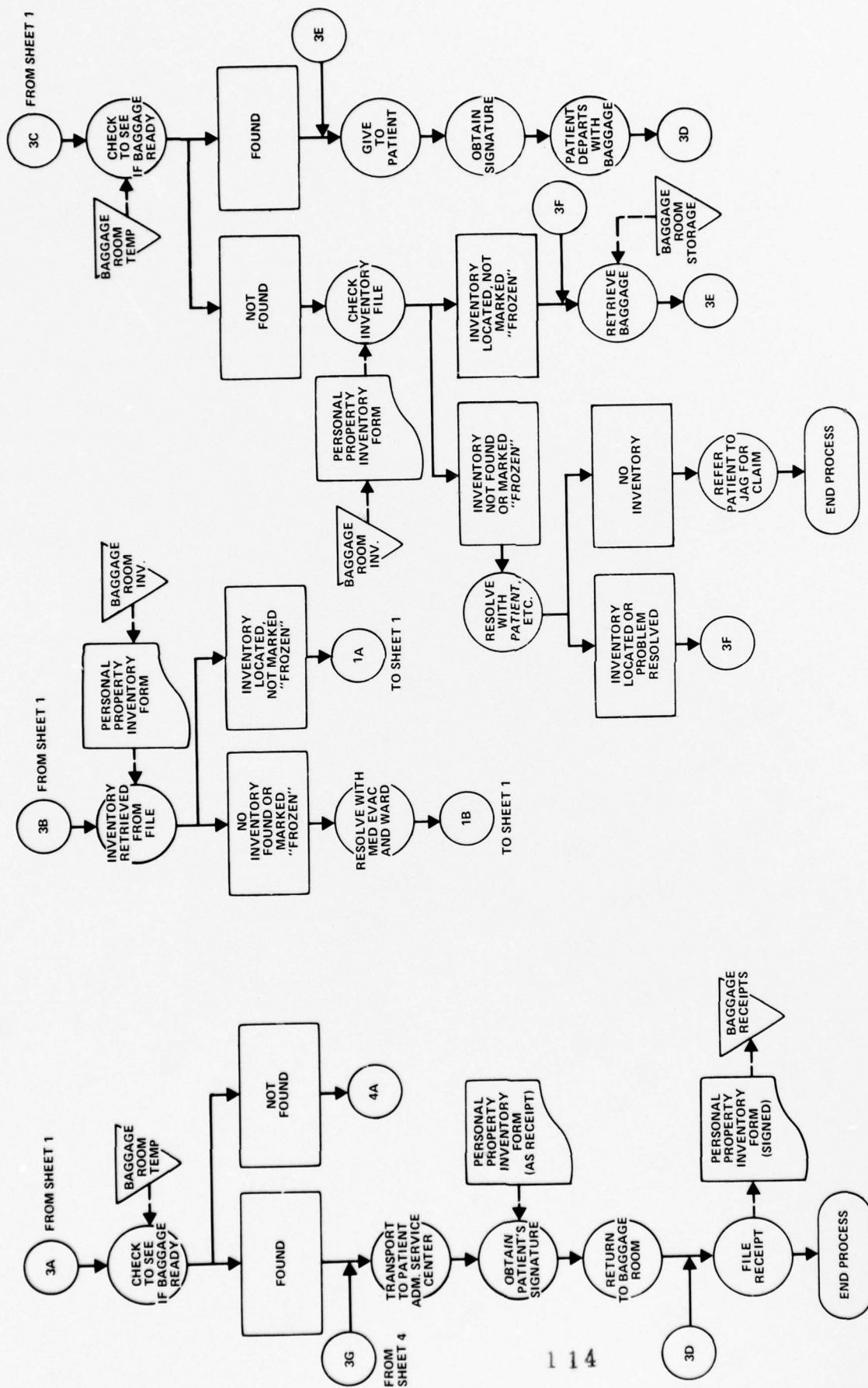
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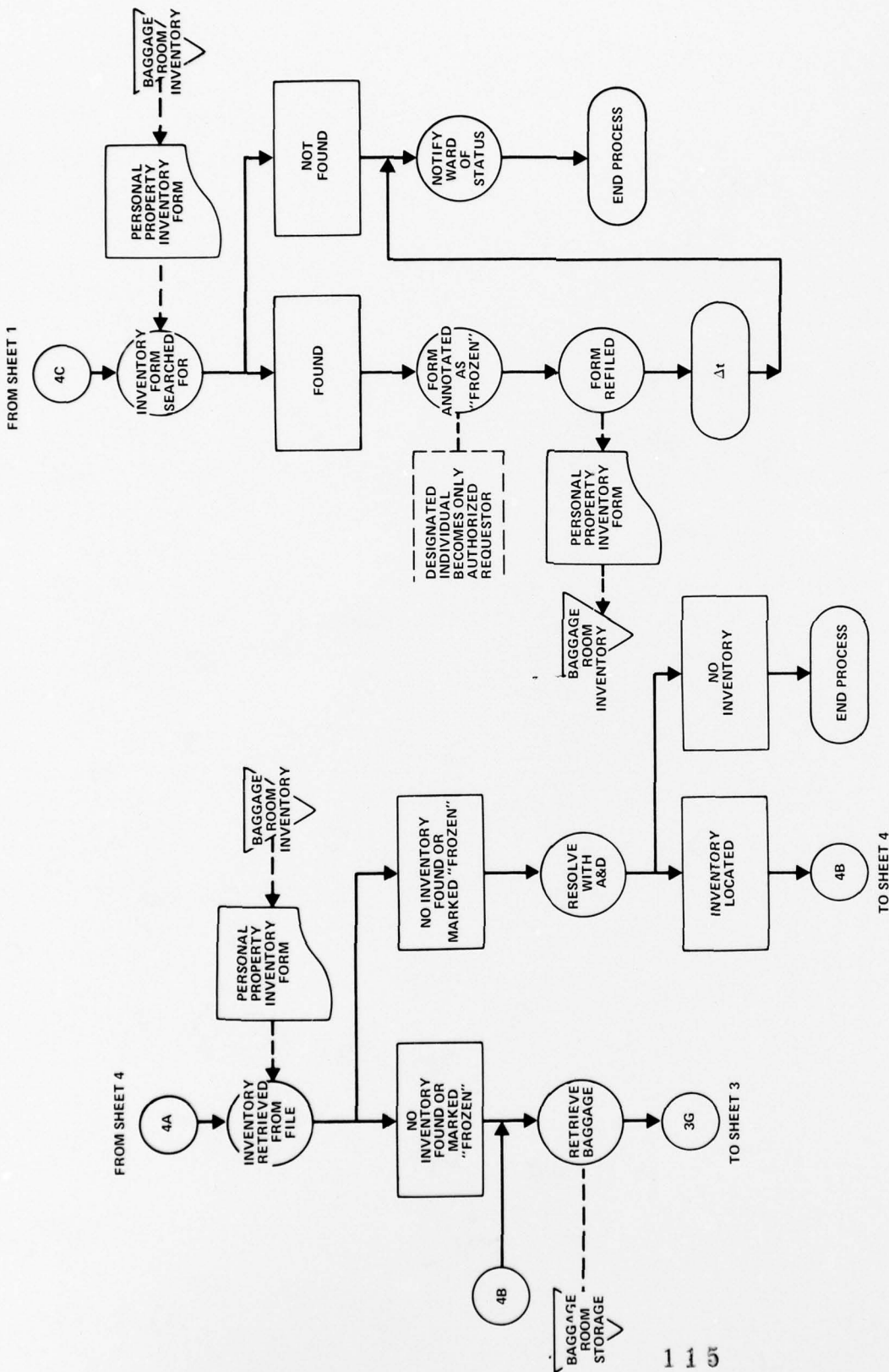


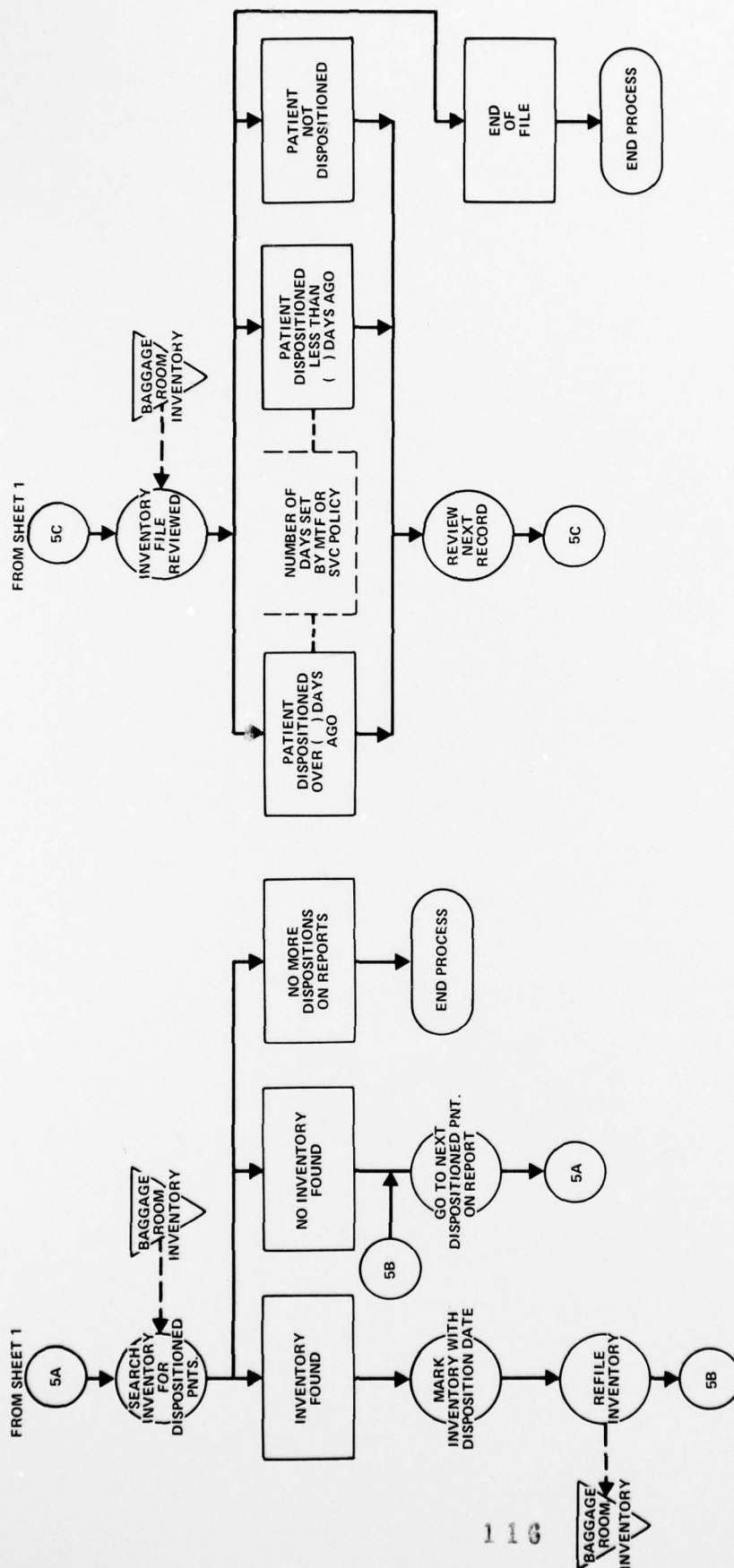


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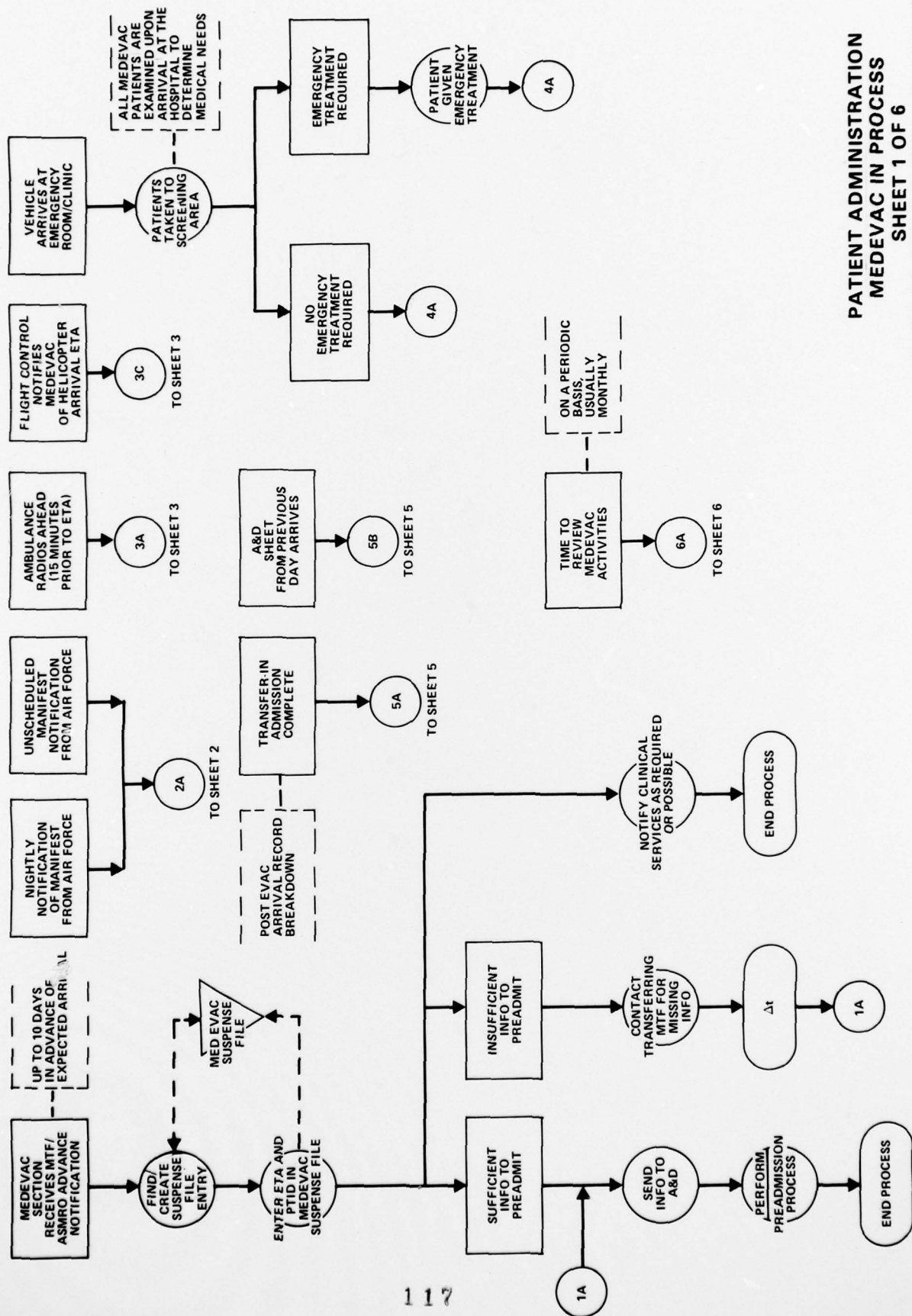








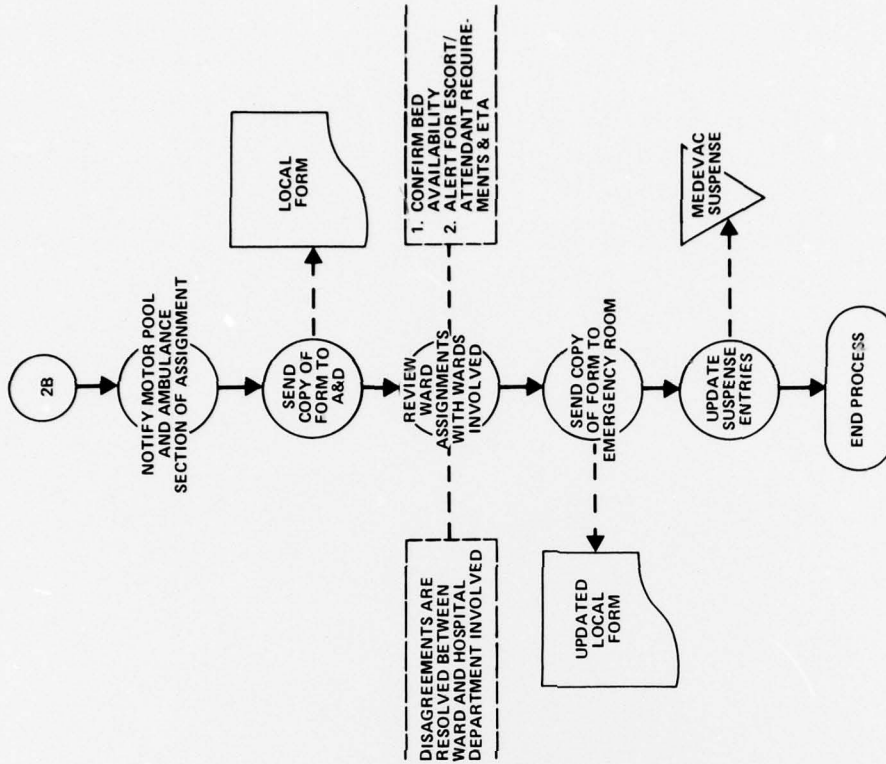
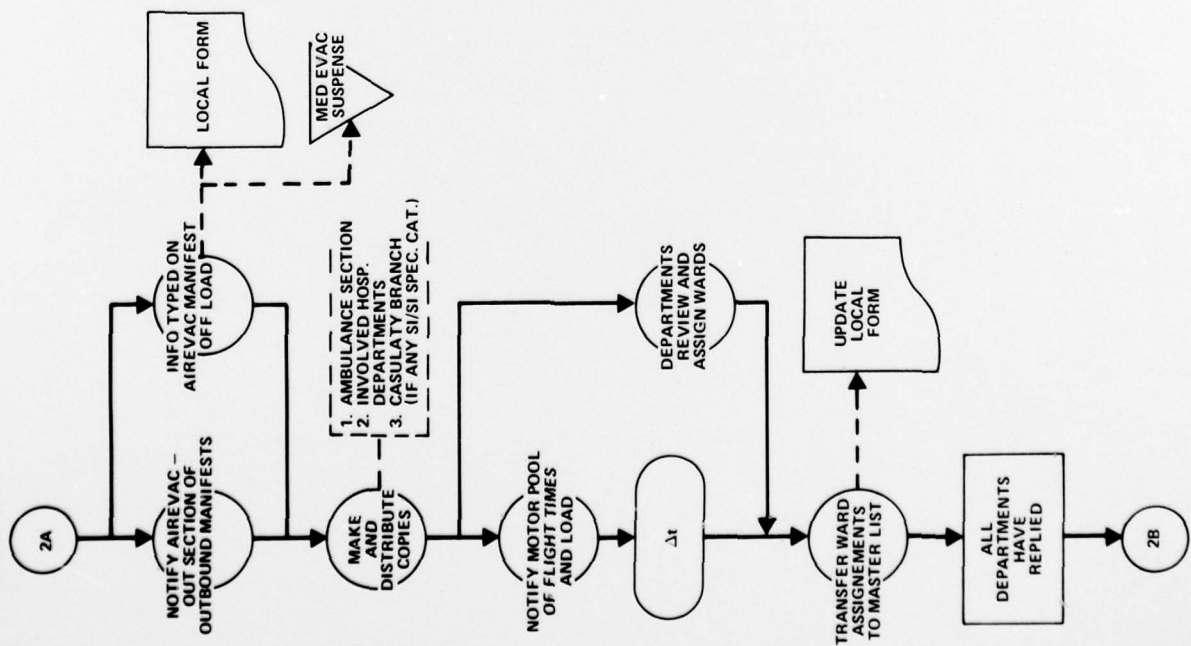
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**PATIENT ADMINISTRATION
MEDEVAC IN PROCESS**

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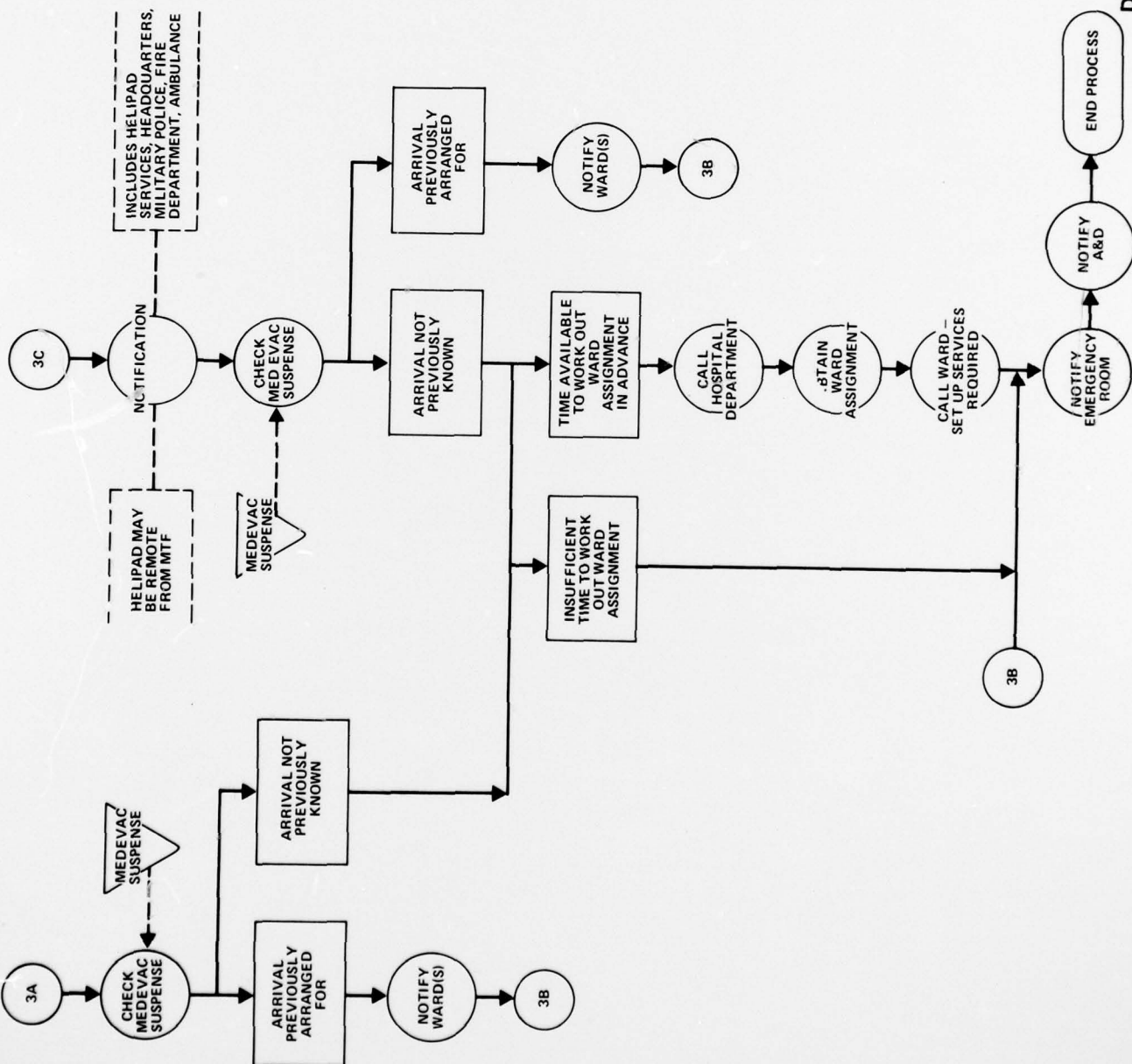
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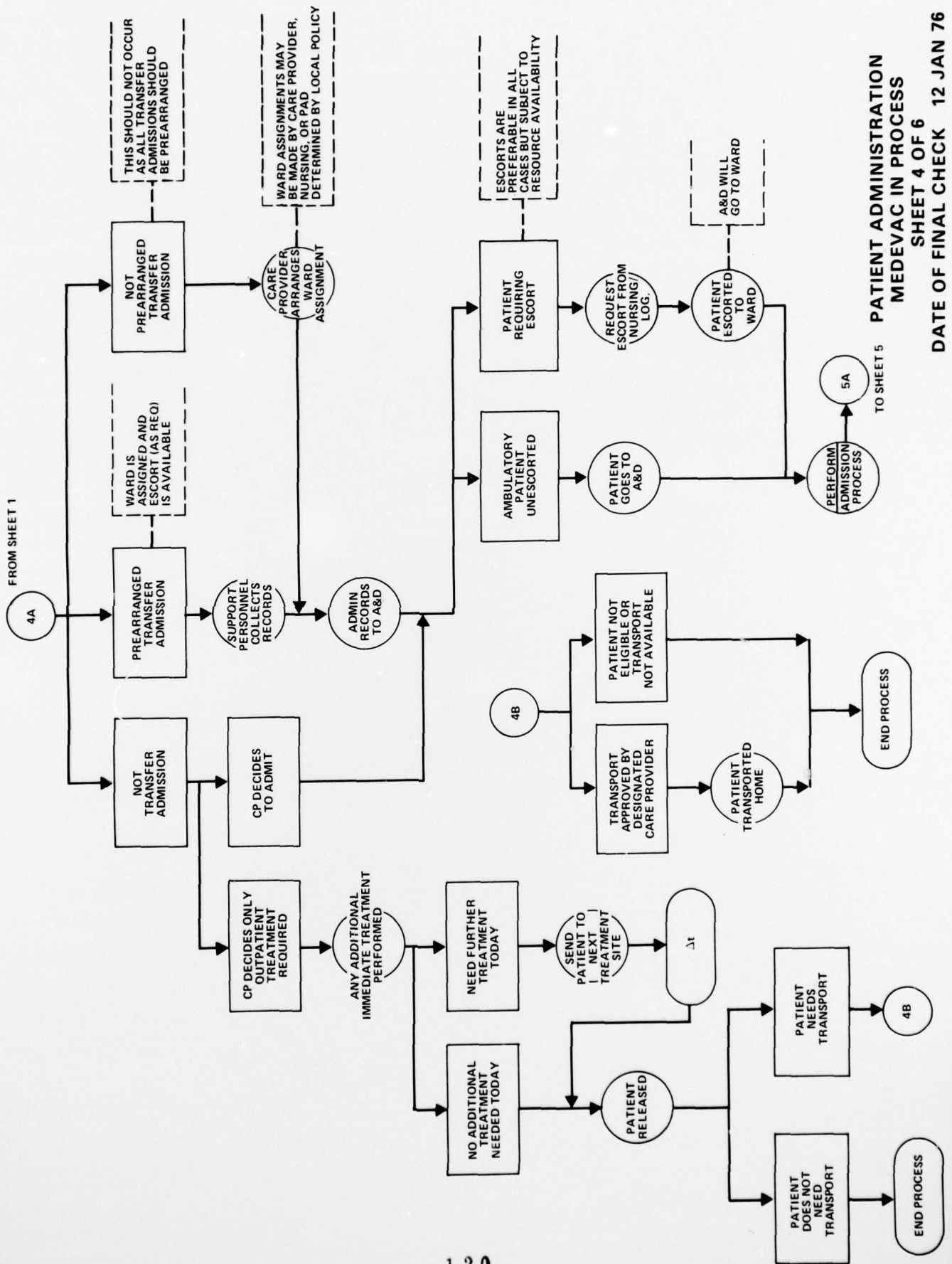


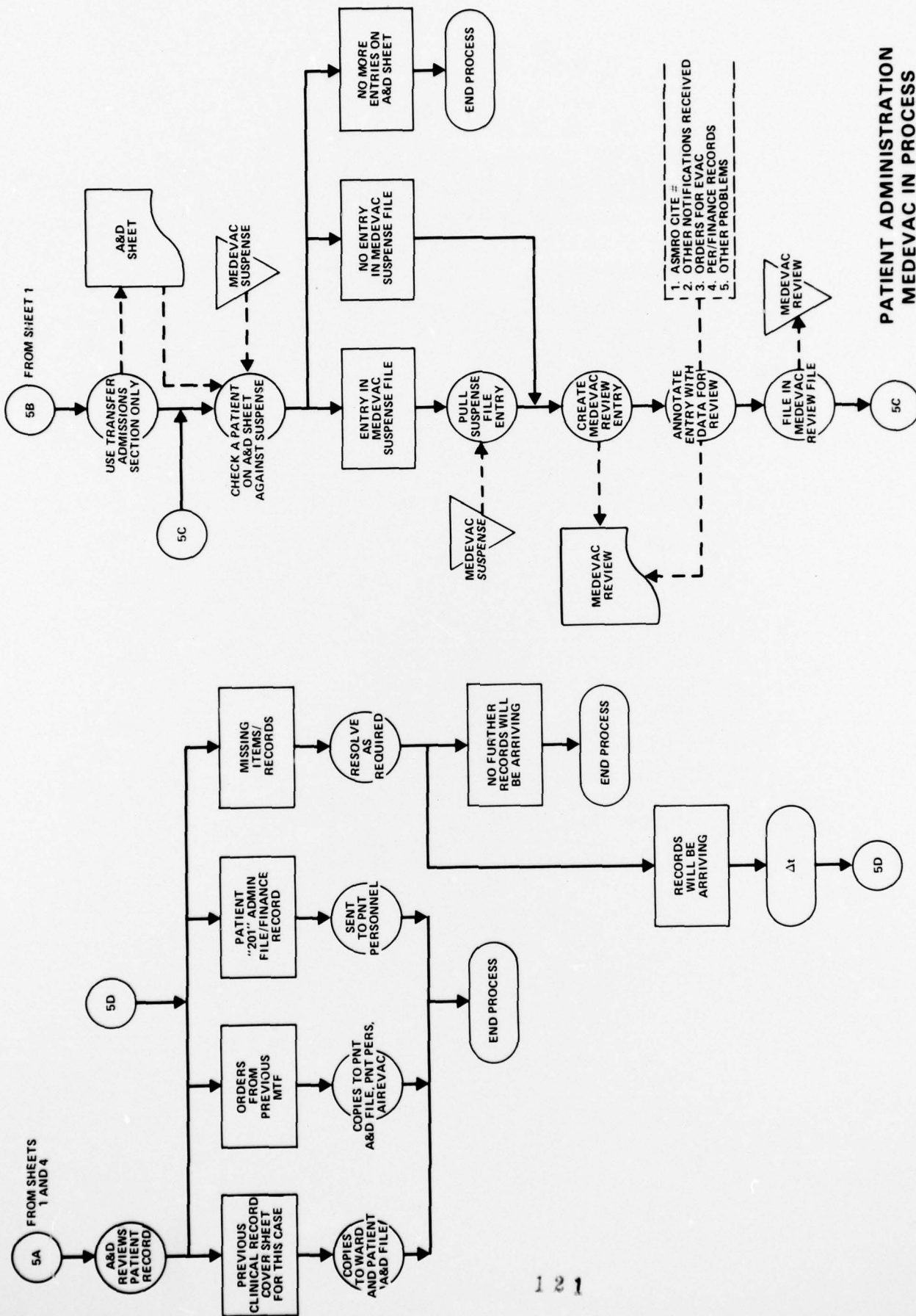
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MEDEVAC IN PROCESS
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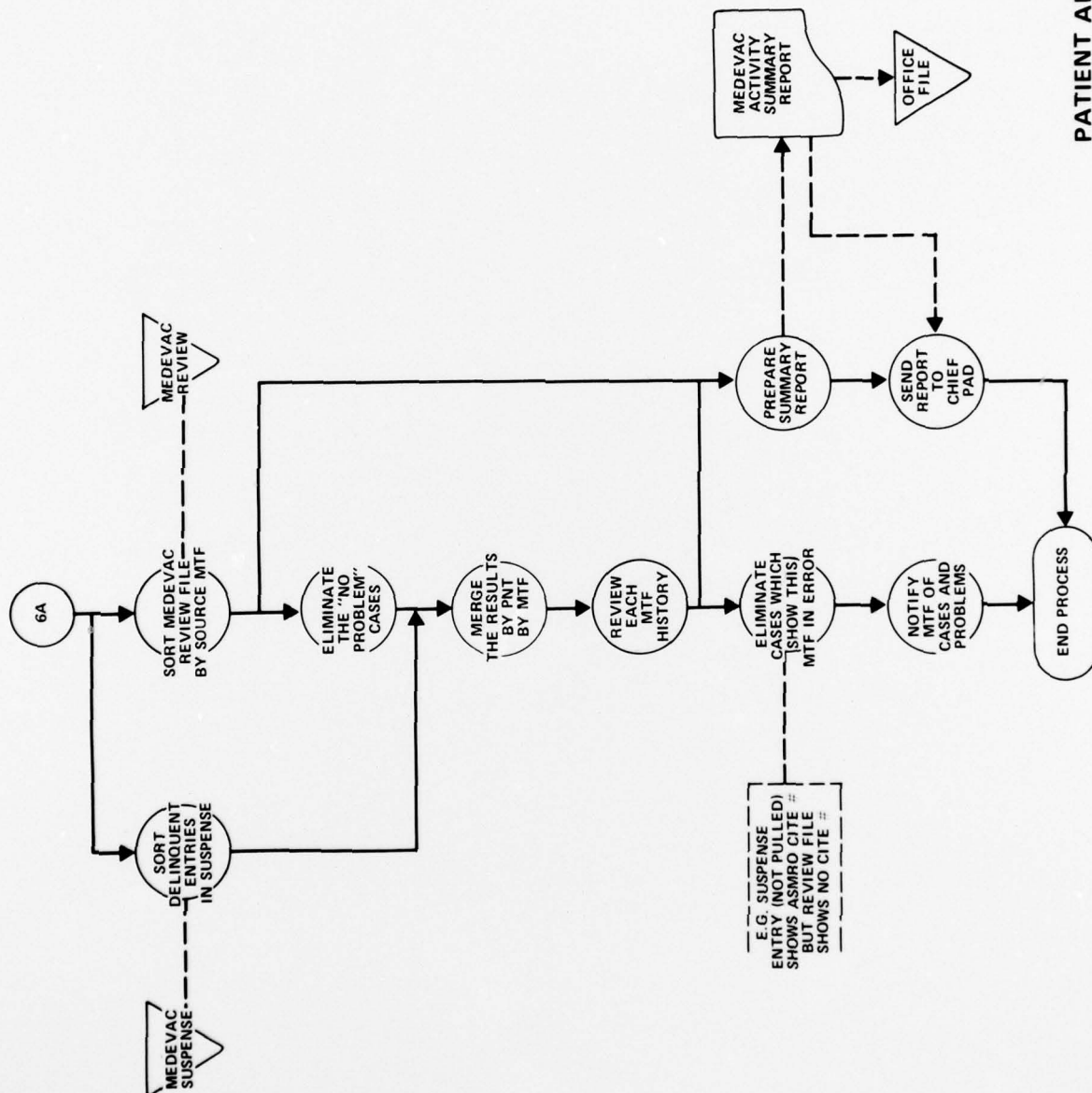
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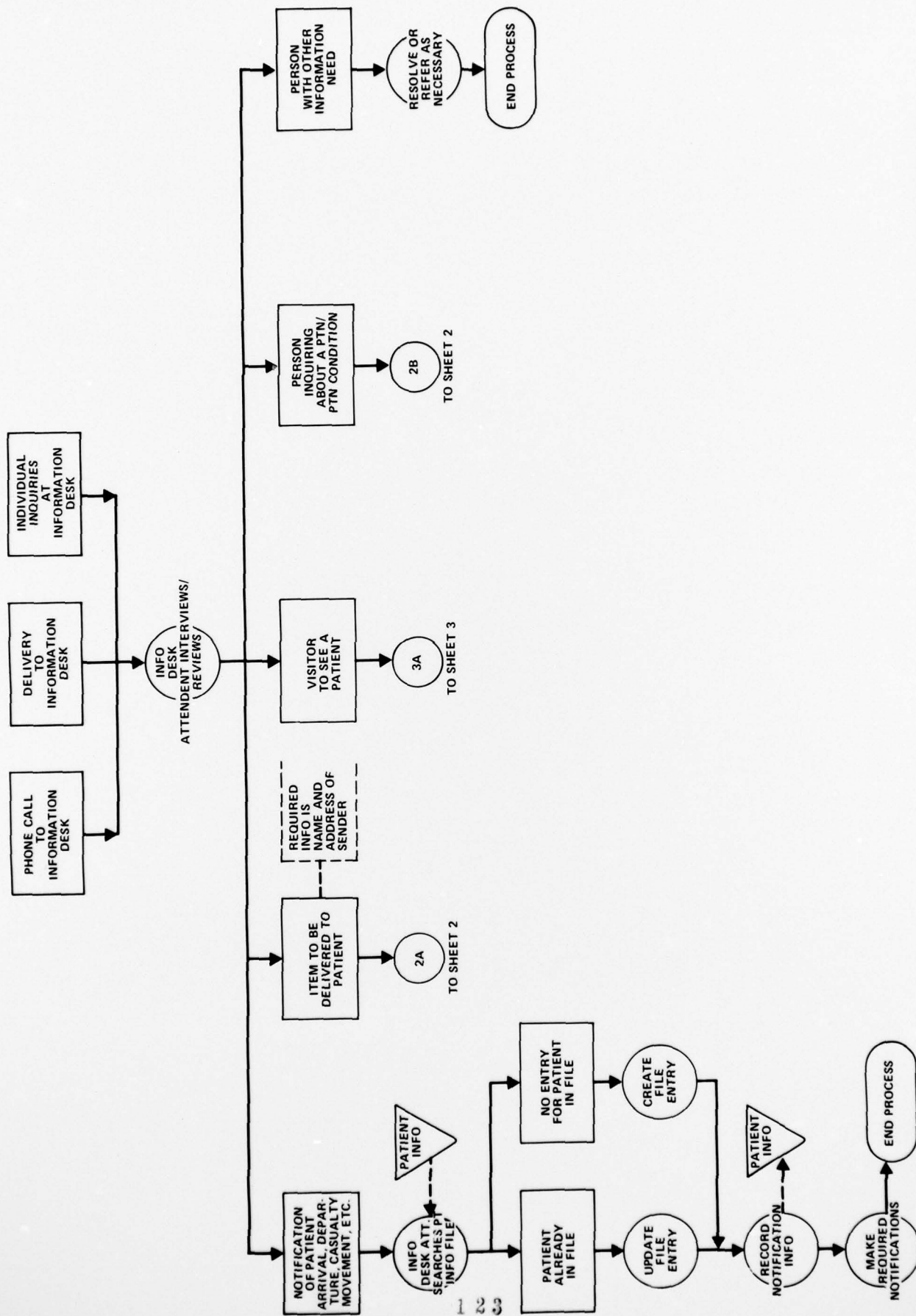


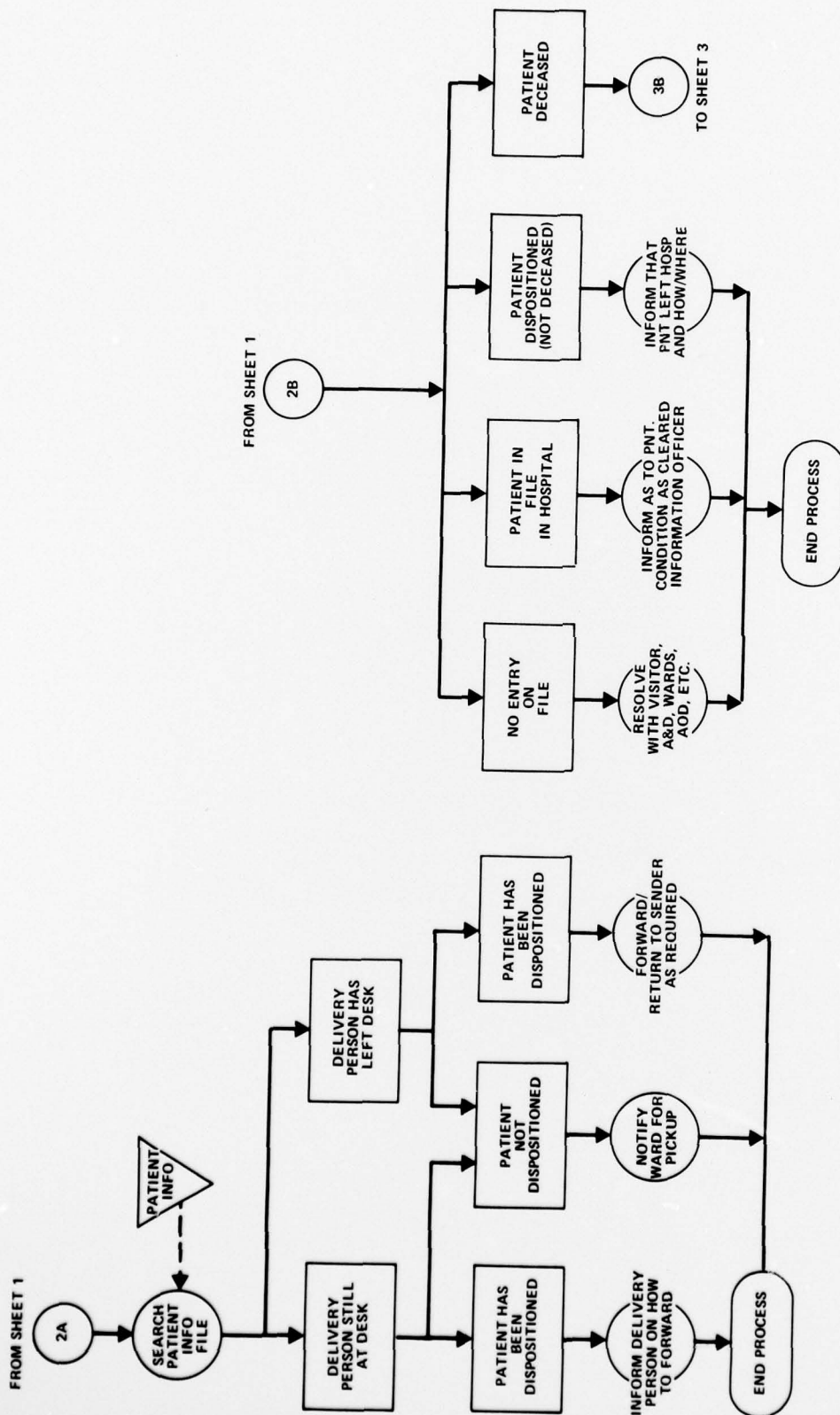




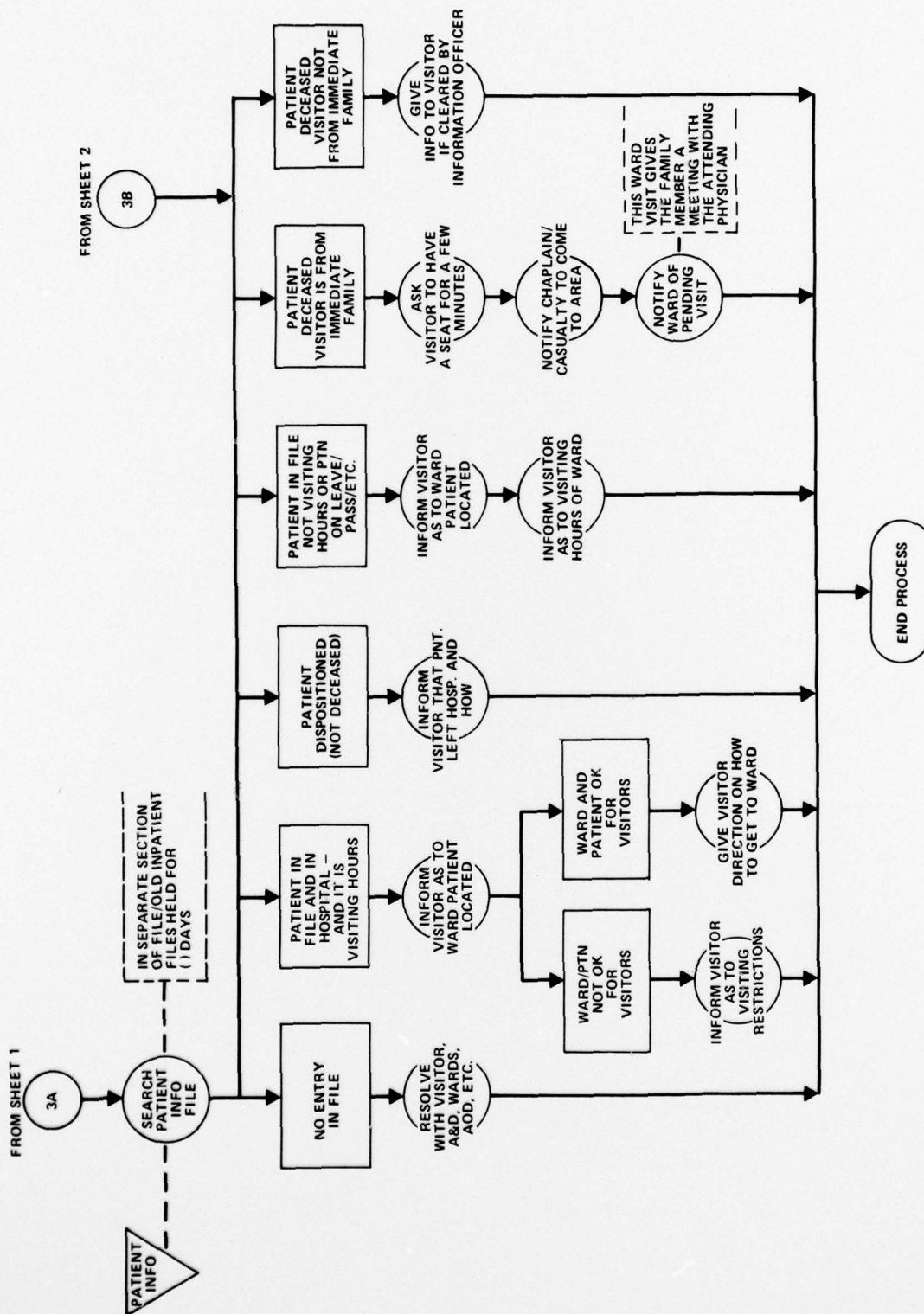


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Integrated Health Care Delivery ADP System Functional Description,
4 October 1974. (The so-called "Yellow Book") Particularly of
relevance to PAD are pages II - 35, III - 2 thru III - 7, IV - 4,
IV - 18 thru IV - 20, IV - 25 thru IV - 27, and IV - 38 thru IV - 61.
2. TRIMIS Technical Workbook. (The so-called "Blue Book.")
Particularly of interest is section 9, Patient Administration,
dated 9/19/75.